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HOUSE OF DELEGATES

② *Handbook*

CHICAGO, JUNE 10, 1918

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AMERICAN MEDICAL ASSOCIATION

HAND BOOK FOR THE HOUSE OF DELEGATES

General Officers, Standing and Special Com-
mittees, Members of the House, Official
Order of Business, Reports for 1918
and Constitution and By-Laws
and Standing Rules

CHICAGO
JUNE 10-14, 1918

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Alexander R. Craig, Chicago, Secretary

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H. M. Bracken, Minneapolis, 1919, Temporary Chairman
Milton Board, Louisville, Ky., 1920
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W. D. Haggard, Nashville, Tenn., 1921
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N. P. Colwell, Chicago, Secretary

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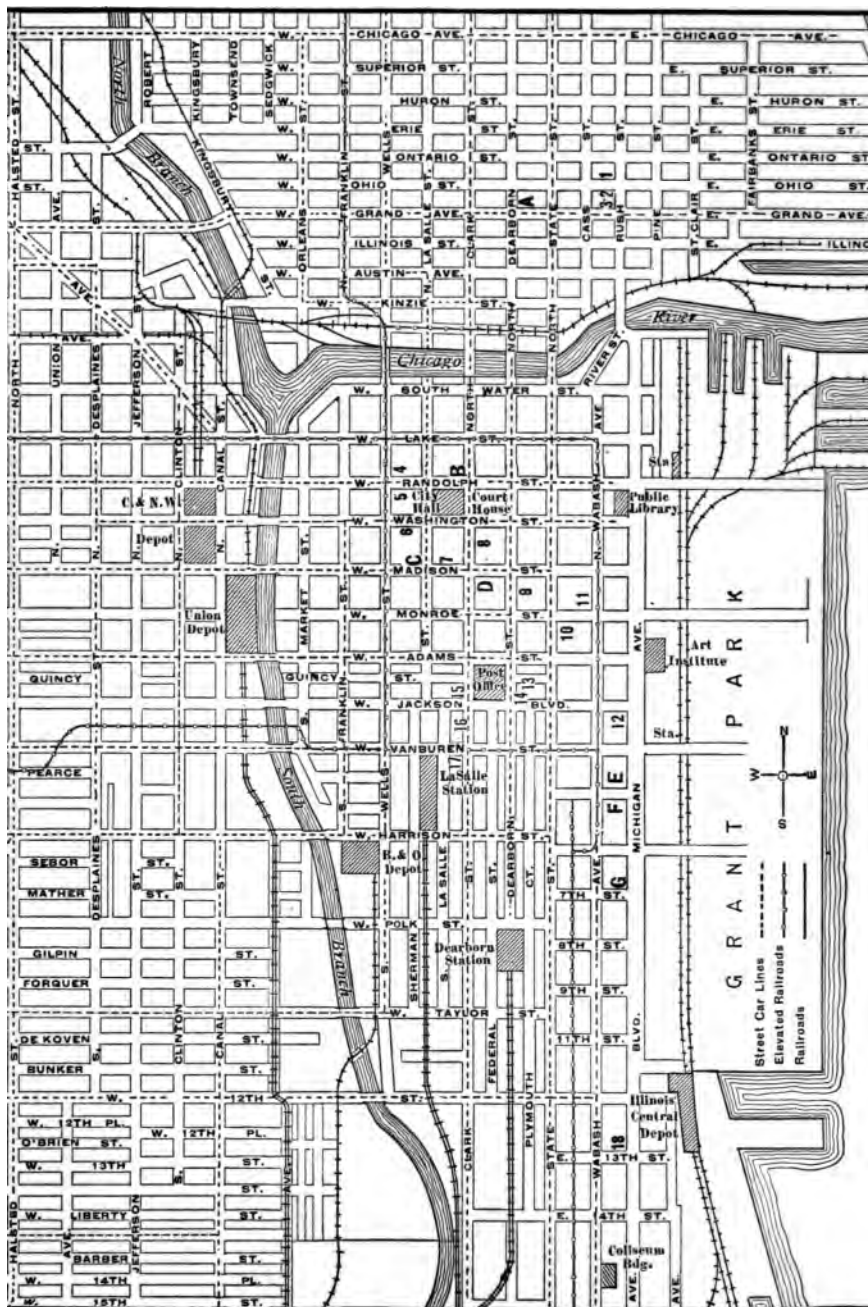
- George H. Simmons, Chairman, Chicago, 1920
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L. G. Rowntree, Minneapolis, 1921
Torald Sollmann, Cleveland, 1921
Lafayette B. Mendel, New Haven, Conn., 1921
Reid Hunt, Boston, 1922
J. H. Long, Chicago, 1922
Julius Stieglitz, Chicago, 1922
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W. T. Longcope, New York City, 1923
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M. L. Harris, Chicago A. R. Mitchell, Lincoln, Neb.

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The Secretary, Alexander R. Craig
The Editor of the Journal, George H. Simmons



KEY TO MAP

- A—American Medical Association Building, 535 N. Dearborn St., N. E. Cor. Grand Ave. and Dearborn St.
- B—Hotel Sherman, N. W. Cor. Clark and Randolph Sts.
- C—Hotel LaSalle, N. W. Cor. LaSalle and Madison Sts.
- D—Morrison Hotel, 83 W. Madison St., S. E. Cor. Clark and Madison Sts.
- E—Auditorium Hotel, 430 S. Michigan Blvd., N. W. Cor. Michigan Blvd. and Congress St.
- F—Congress Hotel and Annex, S. W. Cor. Michigan Blvd. and Congress St.
- G—The Blackstone, N. W. Cor. Michigan Blvd. and E. Seventh St.
1. Virginia Hotel, N. W. Cor. Rush and Ohio Sts.
 2. Hotel Alexandria, 542 Rush St., S. W. Cor. Rush and Ohio Sts.
 3. Hotel Bradley, 536 Rush St., N. W. Cor. Rush St. and Grand Ave.
 4. Briggs House, 188 W. Randolph St., N. E. Cor. Wells and Randolph Sts.
 5. Hotel Bismarck, 171 W. Randolph St., south side, between Wells and LaSalle Sts.
 6. Hotel Washington, 167 W. Washington St., south side, between Wells and LaSalle Sts.
 7. Hotel Brevoort, 120 W. Madison St., north side, between LaSalle and Clark Sts.
 8. Hotel Planters, 19 N. Clark St., east side, between Washington and Madison Sts.
 9. Saratoga Hotel, 23-29 S. Dearborn St., east side, between Madison and Monroe Sts.
 10. Palmer House, S. E. Cor. State and Monroe Sts.
 11. Windsor-Clifton Hotel, 39 S. Wabash Ave., N. W. Cor. Wabash Ave. and Monroe St.
 12. Stratford Hotel, N. W. Cor. Jackson and Michigan Blvds.
 13. Hotel Majestic, 29 Quincy St., south side, between State and Dearborn Sts.
 14. Great Northern Hotel, Jackson, Quincy and Dearborn Sts., N. E. Cor. Dearborn St. and Jackson Blvd.
 15. Grand Pacific Hotel, 232 S. Clark St., N. W. Cor. Clark St. and Jackson Blvd.
 16. Hotel Atlantic, 316 S. Clark St., west side, near Jackson Blvd.
 17. Fort Dearborn Hotel, 125 W. Van Buren St., S. E. Cor. LaSalle and Van Buren Sts.
 18. New Southern Hotel, 1250 S. Michigan Ave., N. W. Cor. Michigan Blvd., and Thirteenth St.

MEETING PLACES AND HOTEL HEADQUARTERS

The following have been designated as general and section headquarters and meeting places for the Chicago Session, June 10 to 14:

- HOUSE OF DELEGATES: American Medical Association Building (A), 535 North Dearborn Street. *Library.*
- PRACTICE OF MEDICINE: Hotel Morrison (D), 83 West Madison. *Banquet Hall.*
- SURGERY, GENERAL AND ABDOMINAL: Auditorium Hotel (E), 430 South Michigan. *Auditorium Theater.*
- OBSTETRICS, GYNECOLOGY AND ABDOMINAL SURGERY: Congress Hotel (F), South Michigan and Congress. *Gold Room.*
- OPHTHALMOLOGY: Hotel LaSalle (C), LaSalle and West Madison. *Grand Ball Room.*
- LARYNGOLOGY, OTOTOLOGY AND RHINOLOGY: Hotel LaSalle (C), LaSalle and West Madison. *Red Room.*
- DISEASES OF CHILDREN: Congress Hotel (F), South Michigan and Congress. *Florentine Room.*
- PHARMACOLOGY AND THERAPEUTICS: Auditorium Hotel (E), 430 South Michigan. *Ladies' Parlor.*
- PATHOLOGY AND PHYSIOLOGY: Auditorium Hotel (E), 430 South Michigan. *Ball Room.*
- STOMATOLOGY: Congress Hotel (F), South Michigan and Congress. *Green Room.*
- NERVOUS AND MENTAL DISEASES: Blackstone Hotel (G), South Michigan and East Seventh. *Ball Room.*
- DERMATOLOGY: Blackstone Hotel (G), South Michigan and East Seventh. *English Room.*
- PREVENTIVE MEDICINE AND PUBLIC HEALTH: Auditorium Hotel (E), 430 South Michigan. *Banquet Hall.*
- GENITO-URINARY DISEASES: Auditorium Hotel (E), 430 South Michigan. *Auditorium Theater, Small Hall (a).*
- ORTHOPEDIC SURGERY: Congress Hotel (F), South Michigan and Congress. *Elizabethan Room.*
- GASTRO-ENTEROLOGY AND PROCTOLOGY: Auditorium Hotel (E), 430 South Michigan. *Auditorium Theater, Small Hall (b).*
- GENERAL HEADQUARTERS—SCIENTIFIC EXHIBIT, REGISTRATION BUREAU, COMMERCIAL EXHIBIT, INFORMATION BUREAU, AND BRANCH POSTOFFICE: Hotel Sherman (B), North Clark and West Randolph.

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Chairman, Anthony Bassler, New York; Vice Chairman, Alois B. Graham, Indianapolis; Secretary, Horace W. Soper, 316 Wall Bldg., St. Louis, Mo. Executive Committee: William Van V. Hayes, New York; Charles G. Stockton, Buffalo; Dwight H. Murray, Syracuse, N. Y.

MISCELLANEOUS TOPICS

REEDUCATION AND RECLAIMING OF WAR INJURED

Chairman, Frank Billings, Chicago; Vice Chairman, James Bordley, Jr., Baltimore; Secretary, Harry E. Mock, Chicago.

SELECTIVE SERVICE REGULATIONS

Chairman, Hubert Work, Pueblo, Colo.; vice chairman, Reuben Peterson, Ann Arbor, Mich.; secretary, John M. Dodson, Chicago.

*Died.

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NOTICE

The House of Delegates will meet at 10 a. m. on **Monday, June 10, 1918.**

The Committee on Credentials will meet in the hall adjoining the meeting place of the House of Delegates, at 9 a. m., on **Monday, June 10, 1918.** Credentials should be presented to the Committee as early as possible, so that the official roll of the House may be made up. The Committee on Credentials will also meet preceding each subsequent meeting of the House of Delegates.

Delegates should present properly executed credentials, signed by the president and secretary of the constituent association or section which they represent. Alternates presenting credentials should see that the delegates whose places they take have signed the alternate authorization.

Rooms adjoining the meeting place of the House of Delegates have been provided for the use of committees. The reference committees are urged to meet in these rooms and to announce the time of their meetings, that those interested in matters referred may be able to appear before the committees. Here will be found stenographers and typewriters who will be at the service of the members of the House of Delegates for preparing official reports and writing resolutions and motions.

In accordance with a resolution adopted by the House of Delegates at the Boston Session, 1906, all reports of committees, resolutions, written motions, etc., must be in duplicate, one copy for preservation in the minutes, and the other to go to the committee to which the matter is referred. Both copies should be handed to the Secretary at the time the matter is presented. Such copies can easily be secured by requesting the typewriter to make a carbon copy at the time the report is written.

House of Delegates, 1918

The following is a list of the holdover and newly elected members of the House of Delegates who have been reported in time to be included:

ALABAMA—3.

E. F. Moody.....	Dothan
S. W. Welch.....	Montgomery
S. G. Gay.....	Selma

ARIZONA—1.

.....

ARKANSAS—2.

W. T. Wootton.....	Hot Springs
C. P. Meriwether.....	Little Rock

CALIFORNIA—4.

O. D. Hamlin.....	Oakland
H. P. Newman.....	San Diego
George H. Kress.....	Los Angeles
V. G. Vecki.....	San Francisco

COLORADO—2.

L. H. McKinnie*.....	Colorado Springs
Oliver Lyons.....	Denver

CONNECTICUT—2

D. Chester Brown*.....	Danbury
J. E. Lane.....	New Haven

DELAWARE—1

Willard Springer.....	Wilmington
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DISTRICT OF COLUMBIA—1.

G. Wythe Cook.....	Washington
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* Term begins with this session of the House.

FLORIDA—1.J. S. Helms **Tampa****GEORGIA—3.**M. A. Clark **Macon**
.....
.....**HAWAII—1.**
.....**IDAHO—1.**C. R. Scott **Twin Falls****ILLINOIS—9.**Don Deal **Springfield**
R. R. Ferguson **Chicago**
C. J. Whalen **Chicago**
R. J. Coultas **Mattoon**
T. D. Doan **Scottville**
E. B. Coolley **Danville**
C. E. Humiston **Chicago**
L. Hektoen **Chicago**
C. W. Leigh **Chicago****INDIANA—4.**C. H. Good **Huntington**
Miles F. Porter **Fort Wayne**
Charles Stoltz* **South Bend**
A. E. Bulson, Jr.* **Fort Wayne****IOWA—3.**William B. Small **Waterloo**
John C. Rockafellow **Des Moines**
M. N. Voldeng **Woodward****ISTHMIAN CANAL ZONE—1.**William B. Pierce* **Ancon, C. Z.****KANSAS—2.**James W. May **Kansas City**
.....**KENTUCKY—4.**A. T. McCormack **Bowling Green**
M. E. Alderson **Russellville**
C. L. Wheeler **Lexington**
W. W. Richmond **Clinton**

LOUISIANA—1.

W. H. Seemann*.....New Orleans

MAINE—1.

W. F. Hart.....Camden

MARYLAND—2.

A. McGlannan.....Baltimore

Randolph Winslow.....Baltimore

MASSACHUSETTS—5.

F. B. Lund.....Boston

J. B. Blake.....Boston

H. G. Stetson*.....Greenfield

L. F. Woodward*.....Worcester

.....

MICHIGAN—4.

Guy L. Connor.....Detroit

J. D. Brook.....Grandville

A. W. Hornbogen.....Marquette

F. C. Warnshuis.....Grand Rapids

MINNESOTA—2.

H. P. Ritchie.....St. Paul

George D. Head*.....Minneapolis

MISSISSIPPI—2.

T. M. Dye.....Clarksdale

Willis Walley.....Jackson

MISSOURI—5.

E. J. Goodwin.....St. Louis

R. M. Funkhouser.....St. Louis

W. J. Ferguson.....Sedalia

A. R. McComas.....Sturgeon

F. E. Murphy.....Kansas City

MONTANA—1.

Rudolph Horsky*.....Helena

NEBRASKA—2.

LeRoy Crummer.....Omaha

Joseph M. Aikin.....Omaha

NEVADA—1.

William Z. Dahl*.....Reno

NEW HAMPSHIRE—1.

Robert J. Graves.....Concord

NEW JERSEY—3.

William S. Lalor.....Trenton

L. M. Halsey.....Williamstown

Edward Guion.....Atlantic City

NEW MEXICO—1.

H. A. Miller*.....Clovis

NEW YORK—11.

F. M. Crandall.....New York

John O. Polak.....Brooklyn

William F. Campbell.....Brooklyn

Grover W. Wende.....Buffalo

W. Stanton Gleason.....Newburgh

E. Eliot Harris.....New York

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NORTH CAROLINA—2.

H. A. Royster.....Raleigh

C. P. Ambler*.....Asheville

NORTH DAKOTA—1.

Charles MacLachlan.....New Rockford

OHIO—5.

J. H. J. Upham.....Columbus

H. C. Haning.....Dayton

A. B. Walker.....Canton

B. R. McClellan.....Xenia

C. D. Selby.....Toledo

OKLAHOMA—2.

Charles R. Hume.....Anadarko

M. A. Kelso.....Enid

OREGON—1.

Walter T. Williamson.....Portland

PENNSYLVANIA—9.

David N. Dennis.....Erie
Edward B. Heckel.....Pittsburgh
John D. McLean.....Philadelphia
C. L. Stevens.....Athens
W. F. Bacon*.....York
George R. S. Corson*.....Pottsville
H. B. Gibby*.....Wilkes-Barre
George G. Harman*.....Huntingdon
Wilmer Krusen*.....Philadelphia

PHIIPPINE ISLANDS—1.

.....

PORTO RICO—1.

Jorge del Toro.....San Juan

RHODE ISLAND—1.

Frederick T. Rogers.....Providence

SOUTH CAROLINA—1.

E. A. Hines.....Seneca

SOUTH DAKOTA—1.

Percy D. Peabody*.....Webster

TENNESSEE—2.

A. F. Richards.....Sparta
E. T. Newell.....Chattanooga

TEXAS—5.

C. E. Cantrell.....Greenville
H. D. Barnes.....Childress
I. C. Chase.....Fort Worth
M. L. Graves.....Galveston
.....

UTAH—1.

Sol G. Kahn*.....Salt Lake City

VERMONT—1.

F. T. Kidder.....Woodstock

VIRGINIA—3.

Robert C. Bryan.....Richmond
W. E. Anderson.....Farmville
Southgate Leigh.....Norfolk

WASHINGTON—2.

D. E. McGillivray.....Port Angeles
H. H. McCarthy.....Spokane

WEST VIRGINIA—2.

C. R. Ogden.....Clarksburg
Frank LeMoine Hupp*.....Wheeling

WISCONSIN—3.

Rock Sleyster.....Waupun
H. M. Brown.....Milwaukee
C. H. Lemon*.....Milwaukee

WYOMING—1.

George P. Johnston.....Cheyenne

DELEGATES FROM THE SECTIONS

PRACTICE OF MEDICINE

W. J. Stone.....Toledo

SURGERY, GENERAL AND ABDOMINAL

Floyd W. McRae.....Atlanta, Ga.

OBSTETRICS, GYNECOLOGY AND ABDOMINAL SURGERY

Horace G. Wetherill.....Denver

OPHTHALMOLOGY

Thomas B. Hollaway.....Philadelphia

LARYNGOLOGY, OTOTOLOGY AND RHINOLOGY

George L. Richards.....Fall River

DISEASES OF CHILDREN

T. C. McCleave.....Oakland, Calif.

PHARMACOLOGY AND THERAPEUTICS

Torald SollmannCleveland

PATHOLOGY AND PHYSIOLOGY

.....

STOMATOLOGY

William C. Fisher.....New York

NERVOUS AND MENTAL DISEASES

G. A. Moleen.....Denver

DERMATOLOGY

Sigmund Pollitzer.....New York

PREVENTIVE MEDICINE AND PUBLIC HEALTH

Otto P. Geier.....Cincinnati

GENITO-URINARY DISEASES

E. O. Smith.....Cincinnati

ORTHOPEDIC SURGERY

John Ridlon.....Chicago

GASTRO-ENTEROLOGY AND PROCTOLOGY

J. C. Johnson.....Hamilton, Ala.

DELEGATES FROM THE UNITED STATES
GOVERNMENT SERVICES

United States Army.....Robert E. Noble

United States Navy.....Henry E. Odell

United States Public Health Service..J. W. Secereschewsky

AMENDMENTS TO CONSTITUTION AND BY-LAWS

At the 1917 session, the Reference Committee on Amendments to the Constitution and By-Laws submitted the following amendment to Article 9, Section 1, of the Constitution, to be considered at the 1918 session of the House of Delegates:

Amend by striking out the words "Chairman and Vice Chairman of the House of Delegates," and substituting the words "Speaker and Vice Speaker of the House of Delegates."

ORDER OF BUSINESS

MONDAY, JUNE 10—10 A. M.*

1. Call to Order by the Chairman.
2. Preliminary Report of the Committee on Credentials.
3. Roll Call.
4. Presentation, Correction and Adoption of Minutes of the Sixty-Eighth Annual Session.
5. Report of Officers:
 - (1) President's Address.
 - (2) Chairman's Address and Appointment of Reference Committees.
 - (3) Report of Secretary.
 - (4) Report of Board of Trustees, including Reports of Treasurer and Auditor.
6. Reports of Standing and Special Committees:
 - ✓ (1) Judicial Council.
Alexander Lambert, New York, Chairman.
 - ✓ (2) Council on Health and Public Instruction.
Frank Billings, Illinois, Chairman.
 - (3) Council on Medical Education.
H. D. Arnold, Massachusetts, Chairman.
 - (4) Council on Scientific Assembly.
E. S. Judd, Minnesota, Chairman.
 - (5) Committee on Red Cross Medical Work.
W. C. Rucker, District of Columbia, Chairman.
 - (6) War Committee.
Hubert Work, Colorado, Chairman.
7. New Business.
8. Reports of Reference Committees.

* The House of Delegates will adjourn at 12:30 p. m. and reconvene at 3. This intermission will permit the Reference Committees to meet and act on subjects referred to them. During the recess luncheon will be provided for the members of the House.

TUESDAY, JUNE 11—9:30 A. M.

1. Roll Call.
2. Reading and Adoption of Minutes.
3. Supplementary Report of Committee on Credentials.
4. Reports from Board of Trustees and the Councils.
5. Reports of Reference Committees:
 - (1) Reference Committee on Sections and Section Work.
 - (2) Reference Committee on Rules and Order of Business.
 - (3) Reference Committee on Medical Education.
 - (4) Reference Committee on Legislation and Political Action.
 - (5) Reference Committee on Hygiene and Sanitary Science.
 - (6) Reference Committee on Amendments to the Constitution and By-Laws.
 - (7) Reference Committee on Reports of Officers.
 - (8) Reference Committee on Miscellaneous Business.
6. Unfinished Business.
7. New Business. (See By-Laws, Chap. II, Sec. 2, p. 8.)
(Wednesday meetings will be held subject to the action of the House of Delegates.)

THURSDAY, JUNE 13—2 P. M.

1. Supplementary Report of Committee on Credentials.
2. Roll Call.
3. Reading and Adoption of Minutes.
4. Election of Officers:
 - (1) President.
 - (2) First Vice President.
 - (3) Second Vice President.
 - (4) Third Vice President.
 - (5) Fourth Vice President.
 - (6) Secretary.
 - (7) Treasurer.
 - (8) Chairman, House of Delegates.
 - (9) Vice Chairman, House of Delegates.
 - (10) Trustees.

Three to be elected to serve until 1920, and one to fill the vacancy occasioned by the death of

E. J. McKnight, Hartford, Conn., for a term expiring 1919. The Trustees whose terms expire this year are: M. L. Harris, Chicago; Wendell C. Phillips, New York; Thomas McDavitt, St. Paul. The other members of the Board of Trustees are: A. R. Mitchell, Lincoln, Neb., 1919; Oscar Dowling, Shreveport, La., 1919; Philip Marvel, Atlantic City, 1920; W. T. Sarles, Sparta, Wis., 1920; H. Bert Ellis, Los Angeles, 1920.

5. Nominations for Standing Committees by President, and Confirmation by the House of Delegates:
 - (1) Member of Judicial Council, to succeed A. B. Cooke, Los Angeles. The other members of this Council are: Alexander Lambert, New York, 1919; James E. Moore, Minneapolis, 1920; Herbert A. Black, Pueblo, Colo., 1921; Randolph Winslow, Baltimore, 1922.
 - (2) Member of Council on Health and Public Instruction, to succeed W. S. Rankin, Raleigh, N. C. The other members of this Council are: H. M. Bracken, Minneapolis, 1919; Milton Board, Louisville, Ky., 1920; Frank Billings, Chicago, 1921; W. B. Cannon, Boston, 1922.
 - (3) Member of Council on Medical Education, to succeed H. D. Arnold, Boston. The other members of this Council are: H. Gideon Wells, Chicago, 1919; Robert C. Coffey, Portland, Ore., 1920; W. D. Haggard, Nashville, Tenn., 1921; William Pepper, Philadelphia, 1922.
 - (4) Member of Council on Scientific Assembly, to succeed Roger S. Morris, Cincinnati. The other members of this Council are: George H. Simmons, Chicago, 1919; J. Shelton Horsley, Richmond, Va., 1920; E. S. Judd, Rochester, Minn., 1921; the Secretary of the Association, ex-officio.
6. Election of Honorary and Associate Members.
7. Selection of the Place and Fixing the Time for the 1919 Annual Session.
8. Supplementary Reports from Board of Trustees and Reference Committees.
9. Unfinished Business.
10. Adjournment.

TABLE—ORGANIZATION OF CONSTITUENT ASSOCIATIONS

Constituent Association of	No. Counties in State	No. Component Societies in State Assn.	Number Counties in State Not Organized		Physicians in State (6th Ed. Directory)	Number Members of State Association		No. A. M. A. Fellows in State	No. Subscribers to Journal in State
			1917	1918		1917	1918		
Alabama.....	67	67	...	...	2,530	1,851	1,752	418	225
Arizona.....	14	11	2	3	333	153	182	122	83
Arkansas.....	75	62	13	13	2,587	1,103	1,045	376	223
California.....	59	40	19	19	5,929	2,790	2,862	1,937	891
Colorado.....	63	24	31	32	1,713	868	874	495	287
Connecticut.....	8	8	...	...	1,701	1,089	1,067	658	286
Delaware.....	3	3	...	...	264	101	103	59	28
Dist. Columbia.....	...	...	...	...	1,237	560	559	394	227
Florida.....	54	31	20	22	1,296	573	562	221	161
Georgia.....	152	85	58	58	3,436	1,323	1,415	674	414
Idaho.....	41	6	12	16	449	154	132	85	118
Illinois.....	102	98	1	1	10,909	6,057	6,330	3,851	1,858
Indiana.....	92	86	1	2	4,765	2,418	2,055	1,181	498
Iowa.....	99	96	2	3	4,004	2,277	2,333	1,225	554
Kansas.....	105	64	27	33	2,683	1,117	1,633	933	419
Kentucky.....	120	112	4	7	3,503	2,300	2,146	694	295
Louisiana.....	64	39	21	23	2,023	805	899	401	275
Maine.....	16	15	2	1	1,179	753	744	309	123
Maryland ¹	23	21	2	2	2,268	1,200	1,012	673	331
Massachusetts ²	14	18	...	...	5,570	3,593	3,681	2,117	939
Michigan.....	83	58	2	1	4,598	3,027	2,738	1,669	509
Minnesota.....	86	38	3	3	2,548	1,552	1,688	1,133	454
Mississippi.....	81	47	3	3	1,975	984	400	244	179
Missouri ¹	114	98	11	11	6,063	3,251	3,216	1,363	657
Montana.....	44	14	25	27	661	323	225	195	152
Nebraska.....	98	60	24	26	2,237	970	1,146	644	380
Nevada.....	16	4	13	12	152	52	89	47	35
New Hampshire.....	10	10	...	...	657	509	521	266	55
New Jersey.....	21	21	...	...	3,046	1,757	1,793	995	424
New Mexico.....	28	11	16	17	456	199	147	157	93
New York.....	62	59	1	1	15,877	8,512	8,470	5,049	2,125
North Carolina.....	100	78	17	15	2,237	1,262	1,277	430	273
North Dakota.....	53	14	2	2	604	383	190	267	103
Ohio.....	88	87	1	1	7,802	4,679	4,353	2,333	939
Oklahoma.....	77	68	3	9	2,672	1,407	1,466	618	269
Oregon.....	36	13	3	3	1,128	596	709	249	233
Pennsylvania ³	67	63	4	4	11,539	6,800	6,928	3,946	1,473
Rhode Island ²	5	6	...	...	759	446	427	318	103
South Carolina.....	45	40	3	4	1,237	732	705	358	190
South Dakota.....	68	9	7	7	646	376	373	229	132
Tennessee.....	96	65	29	29	3,481	1,675	1,686	605	289
Texas.....	250	146	70	71	6,236	3,443	3,508	1,486	615
Utah.....	29	5	23	24	477	259	267	182	108
Vermont.....	14	11	...	...	639	380	414	162	64
Virginia ⁴	100	66	51	34	2,509	1,756	1,767	605	337
Washington.....	39	19	18	19	1,673	956	965	540	288
West Virginia.....	55	30	12	12	1,759	793	930	495	242
Wisconsin.....	71	54	...	...	2,788	2,894	3,001	1,070	496
Wyoming.....	22	3	15	17	254	117	82	69	70
Misc. (foreign).....	...	...	...	...	.....	.....	.....	346	.....

Alaska.....	....	....	...	...	.....	.....	.....	4	21
Canal Zone.....	....	....	...	...	.....	82	97	31	23
Hawaii.....	5	....	...	...	.....	79	79	41	31
Porto Rico.....	7	2	....	...	.....	114	113	38	29
Philippine Isl. ..	....	....	...	...	.....	101	92	35	88
Totals.....	3,036	2,085	571	587	.....	81,501	80,248	43,042	19,714
Commissioned Officers ^a and Honorary Fellows.....								1,673	
								44,715	

* Not including Fellows of American Medical Association.

Note.—The number of members of the different associations stated in this table is in accord with the membership of the several associations as they were reported to the Secretary on May 1, 1918.

The lack of an effective uniform system for reporting the membership of the state associations accounts for whatever discrepancies this table shows and detracts from the value of the statement.

Component societies are those societies which compose the state association. A component society may include one county or more.

1. The state of Maryland has 23 counties and the city of Baltimore; Missouri has 114 counties and the city of St. Louis.

2. These state associations are divided into district societies, and these are listed in the table as component societies. Some of these districts are smaller and some larger than the county, the county lines being ignored.

3. Provision is made for the physicians in each of these counties to join the component society in an adjoining county.

4. Virginia has recently adopted the plan of organization and is now establishing component county medical societies.

5. This figure includes the Medical Corps of the Army, the Navy and the Public Health Service.

AD INTERIM APPOINTMENT OF COMMITTEES

Under date of Oct. 19, 1917, the following report of the Board of Trustees was submitted by the chairman of the House of Delegates and the secretary to the members of the House of Delegates of the American Medical Association, and was adopted unanimously by a postal vote, 116 votes having been cast:

Under date of Oct. 13, 1917, Hugh S. Johnson, Lieutenant-Colonel, Judge Advocate, Executive Officer of the Provost Marshal General, acting for the President of the United States and War Department, addressed a letter to the American Medical Association from which we quote:

"We need the active and vigorous cooperation of the American Medical Association. We need the promptest and most thorough action in this regard. Will you not call together a sufficient number of your executive council to authorize this cooperation by the Association, and to consider a definite and concrete proposition which can be presented here, and upon which we can act?"

Specifically, the cooperation desired of the Association is set forth in the following:

"It is planned to establish Medical Advisory Boards, not necessarily integrated with the territorial jurisdiction of either Local or District Boards, but having headquarters with sufficient apparatus and con-

veniences so located as to be accessible to boards in the portion of the state in which the Advisory Boards are situated. Any case in which the local examining physician has held the registrant disqualified for service (unless the disqualification is obvious) or in which the local physician is in doubt, or in which the registrant feels aggrieved by the decision of the local physician, or where the Local Board or the Government Appeals Agent desires to appeal the findings of the local physician, is to be sent to such Medical Advisory Board for an exhaustive [medical] reexamination upon which the Local Board can proceed to a final determination."

These Medical Advisory Boards will consist of physicians selected for their ability to make thorough and complete physical and mental examinations. This means that the boards shall be composed of specialists competent to make such laboratory and other examinations as may be required. This matter was of such importance and the urgency was so great that, in accordance with the spirit of the recommendation of the Reference Committee on Reports of Officers adopted by the House of Delegates in June, 1917, i. e.,

"We further suggest to the House of Delegates that it formally and officially offer to the government, through adoption of this recommendation, the services and facilities of the American Medical Association for such assistance as may be in its power to render hereafter",

the Board of Trustees, on Oct. 19, 1917, in special session assembled for the purpose of considering the matter, all the members being present, unanimously adopted the following resolutions:

Resolved, That the Board of Trustees, for and on behalf of the American Medical Association, accepts the invitation to cooperate with the Provost Marshal General in the matter presented in the letter of Lieut.-Col. Hugh S. Johnson under date of Oct. 13, 1917.

Resolved, That a committee of three be and hereby is appointed with full power to act in conjunction with the Provost Marshal General in the premises.

The following committee was appointed: M. L. Harris, secretary, Board of Trustees; Hubert Work, chairman, House of Delegates, and E. J. McKnight, member of the Board of Trustees.

Respectfully submitted, by order of the Board of Trustees.

M. L. HARRIS, Secretary, Board of Trustees.

Later, the Board of Trustees appointed A. R. Mitchell to fill the vacancy on this committee occasioned by the death of E. J. McKnight, and the President of the Association, the Editor of THE JOURNAL and the Secretary were added to the committee as *ex officio* members. The board further extended the functions of the committee by authorizing it to act in cooperation with the Provost Marshal General's Office, the Surgeons-General of the Army and the Navy and such other military officials as may be deemed best in the interest of and for the successful conduct of the war. It is recommended that the House of Delegates, by action taken at this annual session, shall ratify the postal vote adopting the foregoing report of the Board of Trustees and, if it is in accord with the wisdom of the house, that it shall continue this committee with power to act for the Association in all matters pertaining to placing the Association at the service of the government for the war.

COOPERATION WITH THE SURGEON-GENERAL OF THE ARMY

At its annual session last year, the House of Delegates approved the action of the Secretary in offering, on March 29, 1917, the facilities of the American Medical Association to the Surgeons-General of the Army and of the Navy for whatever service the organization could render in support of the federal government in the prosecution of the war. Following the adoption of the recommendation of the Reference Committee on Reports of Officers whereby the House of Delegates "formally and officially" offered "to the government . . . the services and facilities of the American Medical Association for such assistance as may be in its power to render hereafter," an official communication of this action was transmitted to the Surgeons-General of both the Army and the Navy and was acknowledged by each of them.

It may be of interest to enumerate briefly some of the facilities which the Association has at its headquarters and which in accordance with the foregoing action were made available to the offices of these Surgeons-General.

The facilities at the Association's headquarters are unique: they include information regarding the members of the medical profession which can not be found elsewhere. This information consists of complete records of the membership of the organization, of all licensed physicians, of data compiled from various sources, including matters relating to the professional and social standing of the individual physician. Specially, at the Association headquarters there are:

(a) A card index record of the medical students of the United States showing their preliminary education, the medical schools which they are at present attending and the schools at which each of the years of the medical course has been taken. This covers the last seven years.

(b) A biographic card index of physicians giving, in addition to the student record, information concerning the school of graduation, licenses held, hospitals in which they have served as interns, the places at which they have engaged in practice, etc.

(c) A record of the membership of recognized special medical societies and associations, as well as the names of those who have registered in the various Sections of the Scientific Assembly of the American Medical Association. These records provide information regarding the specialty in which each physician is interested or to which he limits his practice. This information is supplemented by statements from physicians themselves regarding their specialty.

(d) A personal file kept in envelopes which contains a vast amount of personal information concerning physicians; this is in the form of newspaper clippings and reports from various sources.

(e) A file in the Propaganda for Reform department of THE JOURNAL containing a most complete list of quacks, irregular practitioners, cults, 'pathies, etc.

In its organization the American Medical Association coordinates the constituent state medical associations and their component county and district societies. This organization reaches every part of the country and practically every physician. Its machinery consists among other things of:

(a) The names and addresses, corrected to date, *in type and ready for use* by the Dick Addressing Machine, of the presidents and secretaries of the state, district and county societies—some 5,156 names—making it possible to address any communication to the organized profession without delay. This is the mailing list for the American Medical Association Bulletin, which publication is available for circularizing any extended matter.

(b) When it is desired to reach the individual members of a county society, a list of these members is also quickly available.

Since the beginning of the war, the office of the Association has, as a routine procedure, made available to the Surgeon-General of the Army all its records relative to the applicants for commission in the Medical Reserve Corps. We have received almost daily lists of names of those making application for commission in the Medical Reserve Corps. When the lists were received, the names were card indexed and the cards distributed among specially trained clerks, who looked up all the information we have concerning each individual. If any information was found which called in question the personal or professional character of any of these individuals, the information was transmitted, without comment, to the office of the Surgeon-General. The amount of time and the extent of the work involved can be appreciated only by seeing the records which are assembled here and noting the response which the medical profession of the United States has made to the call of the government. The members of the House of Delegates are urged to avail themselves of the opportunity afforded at this session to acquaint themselves with the workings of the various departments at this office.

Other features wherein the Association has assisted the federal government are set forth in the reports of the Board of Trustees and of the War Committee.

MEMORIAL TO CONGRESS

The following memorial was signed in duplicate by seventeen of the general officers of the Association and by 115 of the 130 members of the House of Delegates of the Association, and on January 30 one set was transmitted to the Vice President of the United States, the presiding officer of the Senate, and the other to the speaker of the House of Representatives. Both were duly acknowledged:

The undersigned officers of the American Medical Association and the members of its House of Delegates, representing the membership of the various state associations of the United States, comprising in excess of 81,000 physicians, respectfully present the following memorial:

WHEREAS, Section 209 of the War Tax provides that, in addition to the regular income tax and surtax, there shall be a further tax of 8 per cent. on incomes in excess of \$6,000 of all professional men; and

WHEREAS, Such excess tax is unfair, unjust and vicious, in that it imposes a double tax on those who have no invested capital, but whose earned income is the result of mental effort and personal energy, after an expensive education and a long professional experience—in a word, on those whose income is the product of their brains;

THEREFORE, In behalf of the medical profession of the United States, we respectfully urge the repeal of Section 209.

REAPPORTIONMENT

The attention of the House is called to By-Laws, Section 3, Chapter I, page 6. This is the year for reapportioning the delegates of the various state associations; the by-law requires that the House of Delegates shall appoint a committee of five on reapportionment of which the President and Secretary shall be members. I suggest that this appointment be made early in the session, so that the Committee may report to the House as promptly as possible.

Other matters in which the office of the Secretary of the Association has been concerned are reported to the House of Delegates from other sources.

Respectfully submitted,

ALEXANDER R. CRAIG,
Secretary.

Report of the Board of Trustees

To the Members of the House of Delegates of the American Medical Association:

In the report of the Board of Trustees made to you last June at New York, we expressed the fear that on account of the war our income from THE JOURNAL for the year 1917 might be seriously curtailed, unless strict economy was practiced. It was predicted that there would be great falling off in the number of Fellows and subscribers, and urged that we be prepared to meet the new conditions. As a matter of fact, the year 1917 proved to be a successful one—at least so far as THE JOURNAL is concerned. Instead of a falling off, there was an actual increase in circulation, as will be noted by tables in the addendum. On Jan. 1, 1917, the number of subscribers and Fellows was 65,661; on Jan. 1, 1918, 67,315—an increase for the year of 1,654. The actual number of copies printed for the year was 3,504,724, or a weekly average of 67,400.

The number of subscribers in foreign parts is increasing year by year. The total foreign circulation on Jan. 1, 1918, was 1,652. There was no gain in Europe for the year, because what little increase occurred in the countries of our allies was overcome by the dropping from the list of subscribers in enemy countries. On January 1 we had 72 subscribers in China, 114 in Japan, 126 in the various South American countries, and 57 in Mexico. There has been a pretty good increase in all these countries since January 1.

One of the tables gives the percentage in each state of physicians who take THE JOURNAL. The average percentage for the whole United States is approximately 46. This is an extremely gratifying record, considering all things. There are, sad to say, a large number of physicians who regard THE JOURNAL as too scientific, although the relative number of these is rapidly decreasing. But the number of those who take THE JOURNAL does not represent the number of its readers; in many instances a number of physicians have access to the same copy, and the copies that go to libraries naturally are read by many. As was stated once before, THE JOURNAL reaches a larger percentage of the profession

and covers its particular field more thoroughly than does any other journal issued for any other class, profession, trade or specialty.

The revenue derived from THE JOURNAL for the past year—that is, for dues and subscriptions, as shown in the Auditors' Report, was \$318,487.25.

ADVERTISING

Also, contrary to our prediction last year, there was an increase in the receipts from advertising during the year. The total income from this source was \$264,996.52, an increase of over \$35,000. Considering the standard of the advertising pages of THE JOURNAL, the financial returns are gratifying. The fundamental rule governing advertising is that no proprietary or controlled medicine shall be advertised unless it has been investigated by the Council on Pharmacy and Chemistry and accepted for New and Nonofficial Remedies. The same general principle applies to other articles advertised, viz.: the product advertised must be an honest one, and the claims made for it must not be exaggerated. Naturally this results in the loss of a good deal of advertising, but we are sure that it pays to be thus rigid, even from a commercial point of view.

COOPERATIVE MEDICAL ADVERTISING BUREAU

The work of this bureau is giving satisfaction and it is appreciated as a good thing by the various state journals. Without exception the state publications which the bureau represents—and it represents all officially owned state journals except the Illinois—are pleased with the results of this cooperative work.

In 1915 the bureau cost the Association \$708, and in 1916, \$220; while during the past year in addition to earning its expenses and returning a pro rata honorarium to the state journals of \$900, it had \$203 to apply as a credit for the year 1918.

AMERICAN JOURNAL OF DISEASES OF CHILDREN

This journal seems to be giving satisfaction, at least if we are to judge by the circulation, which now is 2,415. Considering that it is, in a way, a special journal, and appeals only to those who give special attention to pediatrics, this circulation must be regarded as satisfactory.

We regret to say that there was a loss—\$254.29—on the CHILDREN'S JOURNAL last year, as against a gain of \$322.38 the previous year. This loss is due principally to an increase in the amount paid for abstracts during the year.

While the regular price of this journal is \$3 a year, practically all the subscribers club it with THE JOURNAL OF THE ARCHIVES, and pay only \$2 annually.

THE ARCHIVES OF INTERNAL MEDICINE

What is said regarding the AMERICAN JOURNAL OF DISEASES OF CHILDREN will apply to THE ARCHIVES OF INTERNAL MEDICINE. The circulation of this journal, as of Jan. 1, 1918, was 2,366—an increase of 264 over the preceding year. Here again there was a loss—and a rather serious one, viz.: \$1,635.40, as against a loss of \$66.52 the preceding year. This loss is accounted for by the increased size of THE ARCHIVES. The original plan outlined a journal of approximately 600 pages to the volume, or 1,200 pages a year. But the size has been gradually increasing until the number of pages in the two volumes for 1917 reached 2,082. The regular subscription price is \$4 per annum—that is for two volumes. As in the case of the AMERICAN JOURNAL OF DISEASES OF CHILDREN, THE ARCHIVES is clubbed with THE JOURNAL or with the CHILDREN'S JOURNAL, at \$3, and practically all of the subscribers receive it at this figure. This, of course, is too low a price if the size of the journal is to be what it is at present.

A comparison with other similar publications is interesting. The *American Journal of Physiology*, the *Journal of Pharmacology and Experimental Therapeutics*, the *Journal of Urology*, the *Journal of Bacteriology* and the *Journal of Immunology* each cost \$5 a volume of not to exceed 600 pages, or \$10 a year for those which are issued monthly. The last volumes of these journals had, respectively, 600, 562, 580, 646 and 592 pages.

While the Board of Trustees believes in encouraging these special journals, it is not intended to publish them at an actual loss. The board is considering the advisability of either asking the Editorial Board of THE ARCHIVES to reduce the number of pages, or increasing the price to \$2.50 a volume—\$5 a year. If the present clubbing arrangements are continued, this would mean \$4 a year for the great majority of subscribers. However, thus far no action has been taken in the matter.

PROPAGANDA DEPARTMENT

The results of the work of this department, so far as it relates to the public, have never been more evident than during the past year. For the first time the inquiries from laymen exceeded in number those from physicians. Possibly this is due to a growing realization on the part of the public regarding the monstrous waste—both in money and in health—connected with the exploitation of worthless or fraudulent medicines.

This department is cooperating with and advising advertising vigilance committees, associations of advertisers and advertising managers of the better class of magazines and newspapers, with the results that those who are behind the scene appreciate that great improvements are taking place in regard to the advertising standard of our leading lay publications. The number of schools and colleges that devote a certain amount of time each session to the economic, sociologic and health phases of the "patent medicine" evil continues to increase. This doubtless is due to the fact that some of the high school and college textbooks on home economics and on hygiene and physiology touch on these subjects and either use the Propaganda's publications or give them as references for supplementary reading and study. The Educational Posters prepared by the department are becoming widely used in such work.

COUNCIL ON PHARMACY AND CHEMISTRY

The war naturally has influenced the work of the Council on Pharmacy and Chemistry and, to a less extent, that of the Chemical Laboratory. Since the war started, no new synthetics or preparations of any kind have been submitted from Germany. Before that time not a month passed that Germany did not send at least one new synthetic or other drug. The value of the Council's endorsement has been recognized by the drug and chemical concerns abroad, and these concerns submitted to the Council practically every product at the outset.

Meanwhile radical changes have been taking place in this country. A large number of synthetics for which we formerly depended entirely on Germany are now being manufactured in increasing quantities by American concerns. Four concerns are now making arsphenamin to take the place of salvarsan, and such products as atophan, veronal, novocain, phenol and phenol derivatives—salicylic acid, the salicyl-

ates and particularly acetylsalicylic acid (aspirin), etc., also are being made here. To protect both the public and the profession, as well as to encourage the American manufacture of synthetics, the Council and the Laboratory have willingly investigated the quality of these substitutes for foreign made goods, and when they have been found satisfactory—which has been the case in practically every instance—have accepted them for New and Nonofficial Remedies. Certain members of the Council have been cooperating with the Federal Trade Commission in solving the problem connected with licensing manufacturers to make certain products controlled by German patents.

At the request of the head of the division of supplies in the Surgeon-General's Office, the Committee on Therapeutic Research and Useful Drugs of the Council held a meeting in Chicago, April 26 and 27, to investigate and make recommendations regarding deletions from, and additions to, the list of drug supplies for the Army. Constituted as this committee is, it is thoroughly competent to do this work, and we believe it has been appreciated by the Surgeon-General.

COMMITTEE ON SCIENTIFIC RESEARCH

In 1900 a committee on Scientific Research was constituted. This committee was continued until 1914 when, in the curtailment of expenses, it was found necessary to discontinue making the annual appropriation for its work. Conditions now are such that the board has felt justified in reestablishing this grant. The committee as newly constituted consists of: Dr. Ludvig Hektoen, Professor of Pathology at Rush Medical College, Chicago; Dr. G. N. Stewart, Professor of Experimental Medicine, Western Reserve University, Cleveland; Dr. A. W. Hewlett, Professor of Medicine, Leland Stanford Jr. University, Berkeley, Calif.; Col. F. F. Russell, Surgeon-General's Office, Washington, D. C.; J. W. Churchman, Professor of Surgery, Yale University, New Haven, Conn., and Herbert Charles Moffitt, Dean and Professor of Medicine, University of California, Medical School.

DISPOSITION OF LAWSUITS

The active work of the Association in codifying and supplying to the profession and the public information concerning quackery, fraudulent medicines and low standard medical colleges naturally has resulted in attempts on the part of those affected by such disclosures to intimidate the Associa-

tion by instituting, or by threatening to institute, lawsuits. It costs very little to institute such suits, and they may be considered as good advertising. Further, they give a semblance to a claim that unwarranted statements have been made. The fact that these cases are practically never pushed to trial, evidences the care the Association takes in determining the accuracy of the information it publishes.

During the past year the following cases have been disposed of:

In the Circuit Court of Cook County, Ill.:

Julian J. Meyer *vs.* American Medical Association. Alleged damage, \$100,000.00.

Organ Chemical Manufacturing Co. *vs.* American Medical Association, and Dr. George H. Simmons. Alleged damage, \$100,000.00.

S. Lewis Summers *vs.* American Medical Association, and Dr. George H. Simmons. Alleged damage, \$100,000.00.

In the Superior Court of Cook County, Ill.:

John S. Waterman *vs.* American Medical Association. Alleged damage, \$100,000.00.

T. Leacraft Hein *vs.* American Medical Association. Alleged damage, \$100,000.00.

The cases of Julian J. Meyer, John S. Waterman and T. Leacraft Hein, all physicians, are the result of the exposure in THE JOURNAL of the Friedmann Consumption Cure fake. The other two cases, that of the Organic Chemical Manufacturing Co. and of S. Lewis Summers, are to all intents and purposes identical, since S. Lewis Summers is the president of, if not the Organic Chemical Manufacturing Co. These cases were virtually thrown out of court without trial.

The case entitled "People of the State of Illinois on the relation of Maclay Hoyne, State's Attorney, *vs.* W. W. Grant, Frank J. Lutz, Oscar Dowling, W. T. Sarles, Philip Marvel, Philip Mills Jones, M. L. Harris, W. T. Councilman and Thomas McDavitt," was finally reached and was passed on by the Supreme Court in favor of the American Medical Association. The following is the legal history of the case:

In the latter part of 1910, Dr. G. Frank Lydston applied to John E. W. Wayman, then the State's Attorney of Cook County, Illinois, to bring *quo warranto proceedings* against the Trustees of the American Medical Association to oust them from office because they were elected at meetings held outside of the state of Illinois, and because he alleged that the by-laws for the election of delegates to the House of Delegates were contrary to the laws of Illinois. The State's

Attorney declined to bring the *quo warranto proceedings*. Dr. Lydston then applied to the Attorney General of the State of Illinois to bring such action in *quo warranto* against the Trustees. The Attorney General also declined to file such a proceeding because the principal office of the American Medical Association was in Chicago, and for the further reason that the State's Attorney had declined to bring the action.

On April 28, 1911, Dr. Lydston, claiming to act on behalf of the People of the State of Illinois, filed a petition in the Circuit Court of Cook County, Illinois, General No. 305366, against John E. Wayman, State's Attorney, for a *writ of mandamus* to compel the State's Attorney to sign a petition in *quo warranto* to oust the then Trustees from office.

To that petition the State's Attorney filed a demurrer.

On May 18, 1911, the Circuit Court, after extended argument, sustained the demurrer of the State's Attorney and dismissed the petition at relator's cost. Dr. Lydston thereupon prayed and was allowed an appeal to the Appellate Court.

On Oct. 2, 1911, the case was docketed in the Appellate Court of Illinois.

On Oct. 7, 1911, Maclay Hoyne, the then State's Attorney, was substituted for Mr. Wayman.

On Oct. 9, 1913, the Appellate Court, by a divided court, two judges to one, reversed the judgment and remanded the case to the Circuit Court with directions to overrule the demurrer.

By stipulation of the parties the Appellate Court thereafter set aside its judgment, overruled the demurrer which had been sustained by the court below, entered a final judgment awarding a *peremptory writ of mandamus* commanding the State's Attorney of Cook County to sign the information in the nature of a *quo warranto*, and awarded a certificate of importance to the Supreme Court. That state of the record, it was supposed, permitted the State's Attorney to carry the case to the Supreme Court of Illinois.

At the December term, 1913, the State's Attorney filed the record of the case in the Supreme Court and the case was argued at that term.

Feb. 21, 1914, the Supreme Court filed its opinion to the effect that the Appellate Court did not have the power to award a *peremptory writ of mandamus*, and remanded the case to the Appellate Court to enter a judgment reversing and remanding the cause to the Circuit Court.

On July 15, 1914 the case was redocketed in the Circuit Court, and on the same date, in obedience to the direction of the Appellate Court, *the demurrer to the petition was overruled*. From that judgment an appeal was taken by the State's Attorney to the Appellate Court. On the call of the case there, it was reargued before a branch of that court different from the one which had made the previous decision.

On Oct. 6, 1915, the second branch of the Appellate Court decided that they were bound by the first decision in that court and affirmed the judgment of the Circuit Court.

On Dec. 20, 1915, the State's Attorney made an application to the Supreme Court for a *write of certiorari* to review the judgment of the second branch of the Appellate Court, but the Supreme Court denied the write.

Thereupon, in pursuance of said judgment of the Appellate Court, and on June 27, 1916, the People of Illinois, on the relation of Maclay Hoyne, State's Attorney, filed a proceeding in the nature of *quo warranto* in the Circuit Court of Cook County, Illinois, General No. B-22003 against Drs. W. W. Grant, Frank J. Lutz, Oscar Dowling, W. T. Sarles, Philip Marvel, Philip Mills Jones, M. L. Harris, W. T. Councilman and Thomas McDavitt, Trustees, as defendants, charging that the said Trustees were illegally holding office because elected outside the state of Illinois, under by-laws which were alleged to be illegal under the laws of the state of Illinois. (At this point the American Medical Association is technically brought into the case for the first time.)

On Nov. 13, 1916, a demurrer to the petition in *quo warranto* was filed on behalf of all the Trustees.

On Dec. 16, 1916, after extended argument, the Circuit Court sustained the demurrer of the Trustees.

The People, by the State's Attorney, thereupon perfected their appeal from said judgment to the Appellate Court sitting at its March term, 1917.

After the presentation of printed briefs and upon oral arguments in November, 1917, and full consideration, the Appellate Court filed an opinion, two judges to one, affirming the Circuit Court judgment sustaining the demurrer, and at the request of The People granted a certificate of importance to the Supreme Court. Such certificate of importance permitted an appeal to the Supreme Court of Illinois.

Thereupon such appeal was taken by the People and came on to be heard upon printed briefs and oral argument at the February term, 1918, of the Supreme Court.

On April 17, 1918, the Supreme Court filed its opinion affirming the judgments of the Appellate Court and of the Circuit Court in the *quo warranto proceedings*, which gave judgment against the People of the State of Illinois and in favor of the Trustees.

This is the first decision by our Supreme Court on the question of whether a corporation not for profit may hold its annual meetings outside of the state of Illinois for the election of its Trustees. The Supreme Court also sustained the by-laws of the Association, which fixed the method of electing delegates to the House of Delegates, and the election of the Trustees by the House of Delegates instead of by the membership at large.

The Appellate Court in a *mandamus proceeding* against the State's Attorney, once decided that such meetings were illegal, but such decision was wholly unauthorized for the reason that it was made in mandamus proceeding, seeking to compel the State's Attorney to sign a petition in *quo warranto*. Under the last decision by another branch of the Appellate Court, the latter held, by a divided court, as above stated in the *quo warranto proceeding*, that the earlier decision of the Appellate Court was not *res adjudicata*, and was not a correct interpretation of the Illinois statute, and affirmed the judgment of the Circuit Court sustaining the demurrer of the Trustees to the *information in quo warranto*, which decision of the Appellate Court is now affirmed by said decision of the Supreme Court.

The Supreme Court takes the ground that, first, the Appellate Court was right in its judgment in the mandamus action in ordering the State's Attorney to sign the information in *quo warranto*; and second, that it was in error in undertaking to pass on the merits which would be involved in the *quo warranto proceedings*. The Supreme Court expresses the opinion further that when it (the Supreme Court) refused a *writ of certiorari* it only intended to agree to the judgment of the Appellate Court directing the State's Attorney to sign the petition in the nature of *quo warranto*, but not to what the Appellate Court said on the merits of the case which would be involved when the questions in that case came before the courts for decision.

That is a most important addenda, since the Appellate Court in its last decision divided on the question whether such earlier decision of the Appellate Court was or was not *res adjudicata* the counsel for the relator, one justice strongly insisting that the Appellate Court's decision in the *mandamus suit* was decisive against the Trustees in the *quo warranto* proceeding.

The decision of the Supreme Court is of great importance to many other nonprofit Illinois corporations which hold annual meetings outside the state of Illinois. Had the earlier Appellate Court decision been sustained, all acts of such associations at meetings held outside the state would necessarily have been illegal and void.

All questions so long litigated in these cases have now been finally set at rest and in favor of the Association. The by-laws are declared to be in conformity with the Illinois laws; the methods of electing Delegates and Trustees are approved as lawful; and the holding of annual meetings for the election of Trustees and the doing of all other business

of the Association required to be done under the by-laws at such annual meetings are approved as being in strict conformity with the laws of Illinois.

ADDENDA TO TRUSTEES' REPORTS

Appended to this report will be found the reports of the Treasurer and Auditors, which speak for themselves. This year, it will be noticed, for the first time in four years, the showing is very satisfactory. This is in part owing to an increased income from advertising, but in part also to the curtailment of some of the Association's work, especially that of the Council on Health and Public Instruction.

The Board of Trustees invested \$17,000 in the first Liberty Loan and \$23,000 in the second. The option which the first issue of these bonds provided was taken advantage of, namely: they were exchanged for the second issue. Hence the Association has \$40,000 of the second Liberty Loan, 4 per cent. bonds. The Board also invested \$25,000 in the third Liberty Loan, 4.25 per cent. bonds. Thus it has a total of \$65,000 invested in these bonds.

DEATH OF DR. McKNIGHT

It is with sincere regret, and with the feeling of great loss, that we record the death of Dr. Edward J. McKnight, a member of the Board of Trustees. Dr. McKnight died at his home, in Hartford, Conn., on Christmas Day last, from angina pectoris. While he had been a member of the Board of Trustees only a short time, he had endeared himself to each of the members of the Board. Few men in the medical profession were more highly regarded than he, not alone because of his personalities and his delightful character, but also because he was an earnest, conscientious worker, with a humanitarian interest in his fellow men such as few possess.

WAR WORK

A word as to the part the Association has been taking in the war medical work. In certain quarters there seems to be an idea that the Association has not made use of its opportunities or rendered to the government the service of which it was capable. War was declared April 6, 1917. THE JOURNAL for April 7 contained four editorials in which it was stated that war was certain. These editorials emphasized the needs of the Army and of the Navy for medical officers, and called on the medical profession to be ready to

respond. The following week it published the facts relative to the number of graduates available from medical colleges, and emphasized the importance of maintaining the supply of physicians through the medical schools. In the issue for April 21 it issued a call to the profession of the United States, through the county societies, to supply the Army with medical officers. In that issue were printed 65,000 blank forms for making application for commission in the Medical Corps, and also in the Reserve Corps, and the announcement was made that the Association was prepared to send pamphlets, circulars and other information regarding the medical service of the Army and of the Navy. In addition to other information regarding the Reserve Corps, *THE JOURNAL* on April 28 published the first list of medical examining boards. On May 26 it again published application blanks—this time 67,000. From this time *THE JOURNAL* carried on a propaganda to build up the Reserve Corps, and in other ways to cooperate with the Surgeon-General's Office of both the Army and the Navy.

In connection with this work there naturally has been a large amount of correspondence. Since the beginning of the war the Association officers have answered, both by letter and by publication, thousands of questions relative to the service, thus relieving the offices of the Surgeons-General of this burden. Besides the application forms contained in *THE JOURNAL* (132,000), the Association has printed and sent out over 60,000 additional forms, or a total of nearly 200,000.

In May, 1917, a proposition was submitted to the Surgeon-General providing for a personal appeal to all physicians under 55 years of age. The plan was endorsed by the Surgeon-General, and Major J. R. McKnight of the Medical Corps was assigned to *THE JOURNAL* office to represent the Surgeon-General and to supervise the work. By detailing an officer for this work, the Surgeon-General made it possible to use franked envelopes and so saved the Association postage charges. The work was begun on May 28, and completed about the end of October. The Association, in addition to supplying the biographical data from its files and records, did the necessary printing connected with the work and furnished other facilities. However, the work was conducted ostensibly by the Central Division of the War Department, in Chicago, which means that the Association was unknown in the work.

The proposition as outlined, and as carried out, required the sending of a circular letter to every physician under 55

years of age. This letter extended an invitation to the one addressed to apply for commission in the Medical Reserve Corps, and was signed by Major McKnight, representing the Medical Corps. A card was enclosed—with a return franked envelope—on which the recipient was asked to give certain information regarding himself, his social conditions, and whether he would apply for commission at that time, or later—in the latter case when. An application blank and all the information necessary, including a list of examining boards, also was enclosed. To those physicians who did not answer, a second letter was addressed. All told—including the first letter and the follow-up—68,597 letters were sent out; and up to the time Major McKnight was relieved, returns had been received from 34,479 physicians. These replies are still coming in.

In his final report to the Surgeon-General, Major McKnight said:

"In following this work and noting the number of applicants for commissions in the Medical Reserve Corps, we have seen a marked increase in these applicants reported from the different states immediately following the mailing of letters to the physicians of those states. This increase was noted to follow the mailing of both the first and second letter.

"This work, which has been conducted in connection with the American Medical Association and in cooperation with Major Simmons, will be completed in a few days, with the exception of the delayed replies and certain letters of inquiry on subjects related to the Medical Reserve Corps. . . .

"The American Medical Association have not only placed their files at our disposal for this work, but have rearranged their card system from time to time for our convenience, have furnished all materials other than the franked envelopes, have done all the printing and rendered every possible assistance in a most admirable manner."

In addition to this effort to increase the Reserve Corps, the Association's plant has printed a large amount of material without cost to the government. In a word, from the beginning of the war all the facilities of the Association, including its biographical information, its printing plant—everything—have been at the disposal of the Surgeon-General's Office, and every aid possible was rendered him.

As regards this point, the following letters from Surgeon-General Gorgas, dated February 22, bear witness. The first is addressed to the chairman of the Board of Trustees; the second, to the Secretary of the Association.

Dear Doctor McDavitt:—In answer to your letter dated Feb. 14, 1917, I am very glad to acknowledge the great service which the American Medical Association has given, with and without solicitation, to me personally and to the Office of the Surgeon-General, in the solution of the important problems of preparedness for war and of the medical and surgical care of our boys in training camp and field by the Medical Department of the Army.

Through the officers, *THE JOURNAL* and educational propaganda distributed by the American Medical Association, we have secured thousands of officers of the Medical Reserve Corps. The Office of the Surgeon-General and the Medical Department of the Army still need your aid and support.

Permit me to thank you and through you the other trustees and officers of the Association for the valuable help already rendered and for the acceptable offer of a continued life service.

Dear Doctor Craig:—It gratifies and affords me pleasure to acknowledge the great services rendered by the American Medical Association, to me personally and to the Office of the Surgeon-General, in organizing the Medical Department of the Army for the efficient care of our soldiers in training camp and field.

Since April, 1917, the Board of Trustees, the officers at the Chicago headquarters, *THE JOURNAL* and all the machinery of the American Medical Association have been important and distinctive factors through which many thousands of physicians have been influenced to apply for commissions in the Medical Reserve Corps; medical officers have received valuable instruction by means of special articles printed in *THE JOURNAL* and also through literature distributed in pamphlet form from the office; and in other ways too great to enumerate here.

The spirit of service expressed by the officers and members of the American Medical Association in so many helpful ways, in the work of preparation for war and for actual surgical and medical care of our soldiers in war, evidences a patriotism and devotion to country which is a credit to the American medical profession.

I accept and thank you and through you the other officers of the Association for the offer to continue the same services of the Association to the Medical Department of the Army as long as may be.

On October 13, on invitation of the Provost Marshal-General's Office, the general manager held a consultation with Colonel Johnson and Major—now Colonel—Easby-Smith relative to establishing medical advisory boards in connec-

tion with the carrying out of the selective service regulations. Supplementary to this conference the following letter was received from the Provost Marshal-General:

WAR DEPARTMENT
OFFICE OF THE PROVOST MARSHAL-GENERAL
Washington, D. C., Oct. 13, 1917.

Dr. G. H. Simmons,
Cosmos Club,
Washington, D. C.

My Dear Dr. Simmons:

There is, in course of preparation, new regulations governing the draft. These new regulations put into effect a plan built on principles that constitute a radical departure from anything that has been done before. In brief, it is proposed to inquire into the economic, family, and industrial relations of every person liable to military service. This is to be done by means of an exhaustive questionnaire which every registrant is required to submit to his Local Board. On receipt of the questionnaires of all registrants, the Local Board will proceed to classify all registrants in five classes, arranged in the order of their availability for military service. Classes two, three, four and five are, for all substantial purposes, temporarily discharged from the draft. Class one, alone, is immediately available for military service. Class one is composed largely of single men, and those whose relation to industry and agriculture is such that they can be taken without disturbing the economic interests of the nation.

The question of determining the physical fitness of registrants is not the least of our difficulties. In the proposed scheme it would be futile and unwise to examine those registrants who are in deferred classes. Our problem, then, is to provide immediately for the physical examination of Class one.

Under the plan for physical examination in effect for the first draft, an examining physician attached to a Local Board examined registrants before the list had been culled by exemption and discharge. If the examination resulted in a finding of physical disqualification, the registrant was reexamined by another physician. If both physicians found him disqualified, he was ordinarily discharged from draft.

This system left much to be desired. Examinations were made most hurriedly in the absence of proper apparatus. Sometimes enormous personal pressure was brought to bear on the discretion of the physician, and while no single case of improper conduct has arisen, it is not in the nature of things that, in the close relation between local physicians and their clientele, impartial consideration was not in some instances clouded. The system is not fair to the examining physician, nor to registrants, nor to the government.

It is proposed to cure this fault. It is planned to establish Medical Advisory Boards, not necessarily integrated with the territorial jurisdiction of either Local or District Boards but having headquarters with sufficient apparatus and conveniences so located as to be accessible to Boards in the portion of the state in which Advisory Boards are situated. Any case in which the local examining physician has held the registrant disqualified for service (unless the disqualification is obvious) or in which the local physician is in doubt, or in which the registrant feels aggrieved by the decision of the local physician, or where the Local Board or the Government Appeals Agent desires to appeal the findings of the local physician, is to be sent to the Medical Advisory Board for an exhaustive reexamination on which the Local Board can proceed to a final determination.

We are going to strive to give this great sifting and classification of registrants definition as a National effort in the accomplishment of which we hope to have the President call upon every citizen to assist according to his qualifications and talents. Our problem as to the Medical Advisory Boards is, I think, one of organization. The system of Advisory Boards must, if it is to be effective and if it is to be given an official status, be 100 per cent. perfect. In order to accomplish this it is necessary to have at each state headquarters some person, I think a physician, who will be responsible for the prompt, scientific and efficient organization of the state. His problem will be to consider the transportation difficulties, to locate an Advisory Board in places within his state where there are proper apparatus and conveniences, to select and to recommend to the governor, or it may be to the President, the personnel of each of such Boards. In short, he must envision his state as a system, and must create the working boards of that system. It has been suggested that a physician in the Medical Reserve Corps in each state should be called to active service, given an official status in supervision of Medical Advisory Boards, and possibly of local examining physicians within the state. I like this. I think it is practicable. I am inclined to believe that it is the only way to obtain a responsible person in each state to whom we can look for efficient organization.

We need the active and vigorous cooperation of the American Medical Association. We need the promptest and most thorough action in this regard. Will you not call together a sufficient number of your executive council to authorize this cooperation by the Association, and to consider a definite and concrete proposition which can be presented here, and upon which we can act?

Yours very truly,

HUGH S. JOHNSON,
Lieutenant-Colonel, Judge Advocate,
Executive Officer.

In response to this, the Board of Trustees met in special session on October 19. It officially offered the cooperation of the Association and its officers to the Provost Marshal-General in the proposed formation of these medical advisory boards. A committee was appointed, to be known as the War Committee of the Association, composed of: Dr. Hubert Work, chairman of the House of Delegates, as chairman; Dr. E. J. McKnight, a member of the Board of Trustees; and Dr. M. L. Harris, Secretary of the Board of Trustees. On the death of Dr. McKnight, Dr. A. R. Mitchell of Lincoln, Neb., a member of the Board of Trustees, was appointed on the War Committee; and the President and Secretary of the Association and the Editor of *THE JOURNAL*, *ex-officio*, were made members of the committee. This committee will make a report covering its work.

Respectfully submitted,

THOMAS McDAVITT, Chairman,
M. L. HARRIS, Secretary,
WENDELL C. PHILLIPS,
A. R. MITCHELL,
OSCAR DOWLING,
PHILIP MARVEL,
W. T. SARLES,
H. BERT ELLIS.

Addenda to Trustees' Report

SUBSCRIPTION DEPARTMENT

The regular weekly issue of THE JOURNAL of the American Medical Association, from January 1, 1917, to December 1, 1917, inclusive (52 issues), was as follows:

January 6.....	66,842	July 7.....	65,457
January 13.....	66,412	July 14.....	65,606
January 20.....	64,531	July 21.....	65,564
January 27.....	65,299	July 28.....	65,603
	<u>263,084</u>		<u>262,230</u>
February 3.....	65,379	August 4.....	65,249
February 10.....	64,641	August 11.....	65,801
February 17.....	64,522	August 18.....	66,646
February 24.....	64,561	August 25.....	66,597
	<u>259,103</u>		<u>264,293</u>
March 3.....	66,242	September 1.....	72,017
March 10.....	64,434	September 8.....	70,207
March 17.....	65,190	September 15.....	72,459
March 24.....	65,098	September 22.....	72,582
March 31.....	64,873	September 29.....	72,773
	<u>325,837</u>		<u>360,038</u>
April 7.....	66,638	October 6.....	72,862
April 14.....	65,086	October 13.....	66,718
April 21.....	64,615	October 20.....	70,673
April 28.....	67,494	October 27.....	75,670
	<u>263,833</u>		<u>285,923</u>
May 5.....	72,344	November 3.....	70,600
May 12.....	64,845	November 10.....	66,864
May 19.....	70,612	November 17.....	68,031
May 26.....	67,514	November 24.....	67,808
	<u>275,315</u>		<u>273,303</u>
June 2.....	65,897	December 1.....	67,914
June 9.....	65,927	December 8.....	68,525
June 16.....	65,778	December 15.....	68,910
June 23.....	65,671	December 22.....	68,591
June 30.....	65,938	December 29.....	68,614
	<u>329,211</u>		<u>342,554</u>
Total			3,504,724
Weekly average.....			67,399

PERCENTAGE OF PHYSICIANS RECEIVING THE JOURNAL

This table gives the number of physicians (based on the fifth edition of the American Medical Directory) in the United States, the number receiving THE JOURNAL, and the approximate percentage in each state. Copies to physicians in the United States Army, United States Navy, United States Public Health Service, etc., are not included.

State	Number Receiving JOURNAL	Physicians in State 5th A. M. Dir.	Approx. Percentage 5th A. M. Dir.
Alabama	630	2,569	25
Arizona	206	307	67
Arkansas	608	2,637	23
California	2,917	5,687	51
Colorado	814	1,733	47
Connecticut	998	1,678	54
Delaware	92	261	35
District of Columbia..	593	1,482	40
Florida	400	1,321	30
Georgia	1,092	3,421	32
Idaho	212	439	48
Illinois	5,902	10,648	55
Indiana	1,734	4,872	36
Iowa	1,786	3,751	48
Kansas	1,322	2,683	49
Kentucky	1,042	3,584	29
Louisiana	665	2,060	32
Maine	461	1,205	38
Maryland	1,020	2,292	45
Massachusetts	3,194	5,869	54
Michigan	2,294	4,360	53
Minnesota	1,668	2,447	68
Mississippi	416	2,048	20
Missouri	2,085	6,399	31
Montana	361	636	57
Nebraska	1,071	1,911	56
Nevada	83	154	54
New Hampshire	349	690	51
New Jersey	1,442	3,239	45
New Mexico	230	430	53
New York	7,486	15,670	48
North Carolina	737	2,102	35
North Dakota	371	586	63
Ohio	3,457	8,045	43
Oklahoma	891	2,634	34
Oregon	488	1,187	40
Pennsylvania	5,705	11,502	50
Rhode Island	457	772	59
South Carolina	517	1,399	37
South Dakota	371	676	56
Tennessee	984	3,457	28
Texas	1,987	6,240	32
Utah	284	465	63
Vermont	240	668	36
Virginia	963	2,547	38
Washington	837	1,695	49
West Virginia	769	1,729	45
Wisconsin	1,599	2,803	56
Wyoming	143	251	57

The following table shows the number of Fellows and subscribers on THE JOURNAL mailing list, for each year, commencing with 1900:

Year	Fellows	Subscribers
January 1, 1900.....	8,445	4,633
January 1, 1901.....	9,841	8,339
January 1, 1902.....	11,107	10,795
January 1, 1903.....	12,553	12,378
January 1, 1904.....	13,899	14,674
January 1, 1905.....	17,570	15,698
January 1, 1906.....	20,826	17,669

Year	Fellows	Subscribers
January 1, 1907.....	26,255	20,166
January 1, 1908.....	29,382	20,880
January 1, 1909.....	31,999	18,983
January 1, 1910.....	33,032	19,832
January 1, 1911.....	33,540	20,504
January 1, 1912.....	33,250	21,620
January 1, 1913.....	36,082	19,863
January 1, 1914.....	39,518	19,751
January 1, 1915.....	41,254	20,430
January 1, 1916.....	41,938	22,921
January 1, 1917.....	42,744	22,156
January 1, 1918.....	43,420	23,117

During 1917 there were 2,943 names transferred from Subscription Department and 158 from *The Archives of Internal Medicine* and *The American Journal of Diseases of Children* to the Fellowship Department; also 120 from *The Archives* and the *Children's Journal* mailing list to that of THE JOURNAL A. M. A., and 56 from THE JOURNAL list to *The Archives* and *The American Journal of Diseases of Children*.

The total number of transfers to Fellowship was 3,101.

There were 394 discontinued as Fellows, but continued as subscribers.

TREASURER'S REPORT

Report of the Treasurer of the American Medical Association
for the year ended December 31, 1917.

ASSOCIATION RESERVE FUND

Reserve Fund as at December 31, 1916.....	\$120,648.95
Receipts for the year ended December 31, 1917:	
Investments	\$ 40,000.00
Interest	5,587.32
	<u>45,587.32</u>
Reserve Fund as at December 31, 1917.....	\$166,236.27

TREASURER'S GENERAL ACCOUNT

Balance as at December 31, 1916.....	\$ 3.52
Receipts for the year ended December 31, 1917:	
Transfer from General Working Fund.....	\$ 40,000.00
Interest on Bank Balances.....	276.41
	<u>40,276.41</u>
	\$ 40,279.93
Disbursements for the year ended December 31, 1917:	
Transferred to Reserve Fund.....	\$ 40,023.31
Balance as at December 31, 1917.....	\$ 256.62

DAVIS MEMORIAL FUND

Balance as at December 31, 1916.....	\$ 3,440.71
Interest received for the year ended December 31, 1917....	103.98
	<u>3,544.69</u>
Balance as at December 31, 1917.....	\$ 3,544.69

AUDITORS' REPORT

CHICAGO, ILL., Jan. 24, 1918.

The Board of Trustees of the

American Medical Association, Chicago, Illinois.

Gentlemen:

In accordance with your instructions, we have audited the accounts of the American Medical Association for the year ended December 31, 1917, and now submit our report thereon.

SURPLUS ACCOUNT

The surplus at the beginning of the year amounted to \$382,135.69, and the surplus at the end of the year amounted to \$423,433.87, an increase of \$41,298.18, which is accounted for as follows:

Net Gain on Operations.....	\$77,303.56
Transfer from Liability Insurance Reserve Fund.....	4,017.93
	<u>\$81,321.49</u>
Less Transfer to Reserve Fund.....	40,023.31
Net Increase in Surplus.....	<u>\$41,298.18</u>

The net increase in*surplus is spread over the assets and liabilities as follows:

Increase in Assets:	
Property and Equipment.....	\$ 1,174.11
Current and Working Assets.....	43,982.05
	<u>\$ 45,156.16</u>
Less Decrease in Prepaid Expenses.....	489.96
	<u>\$ 44,666.20</u>
Less Increase in Liabilities:	
Accounts Payable	\$ 4,907.29
Less Decrease in Advance Payments on Publications	1,539.27
	<u>3,368.02</u>
Net Increase in Surplus, as above.....	<u>\$ 41,298.18</u>

FINANCIAL POSITION

The financial position of the Association as at December 31, 1917, is shown in the following statement:

BALANCE SHEET AS AT DECEMBER 31, 1917

ASSETS:

Property and Equipment at Cost, less Depreciation:	
Real Estate and Buildings.....	\$240,264.09
Machinery	42,875.95
Type and Metals.....	7,853.72
Furniture and Equipment.....	13,518.00
Chemical Laboratory	1,564.91
Library	1,278.04
	<u>\$307,354.71</u>
Reserve Fund Investment.....	166,236.27

Current and Working Assets:

Inventory of Materials, Supplies and Work in Process	\$41,720.59
Accounts Receivable:	
Advertising	\$26,351.58
Cooperative Medical Advertising Bureau	6,548.47
Reprints	2,904.45
Miscellaneous	3,778.62
	<hr/>
Notes Receivable	39,583.12
Directory, 6th Edition (Labor and Material) ..	437.74
Cash in Bank and on Hand	20,252.38
Office Fund	23,107.88
	<hr/>
	50.00
	<hr/>
	125,151.71
Prepaid Insurance	1,244.18
	<hr/>
Total	\$599,986.87

LIABILITIES:

Accounts Payable:	
Cooperative Medical Advertising Bureau	\$ 4,412.62
Sundry	3,210.37
	<hr/>
	\$ 7,622.99
Advance Payments on Publications	2,693.74
Association Reserve Fund	166,236.27
Surplus	423,433.87
	<hr/>
Total	\$599,986.87

The balance sheet submitted, in our opinion, correctly reflects the financial position of the Association as at December 31, 1917, subject to provision for accrued interest, taxes and "Journal" subscriptions paid in advance, less subscriptions and memberships due and unpaid.

We examined the securities representing the investment of the Association Reserve Fund, and we found them in order.

We verified the cash on hand by actual count and the cash in bank by certificates obtained from the various depositories. The following is a statement of the cash balances:

Continental and Commercial National Bank	\$ 22,546.77
First Trust and Savings Bank (Treasurer's Account)	256.62
Cash on Hand	304.49
Cash Fund	50.00
	<hr/>
Total	\$ 23,157.88

OPERATIONS

The operations of the Association for the year ended December 31, 1917, are shown in the following statements:

REPORT OF BOARD OF TRUSTEES

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INCOME AND PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED
DECEMBER 31, 1917

JOURNAL:

INCOME:

Fellowship Dues	\$ 43,569.00
Subscriptions	274,918.25
Advertising	264,996.52
Jobbing	7,349.67
Books	4,990.84
Reprints	3,079.21
Buttons	80.36
Miscellaneous Sales	8,670.39
Interest	2,006.07

\$609,660.31

Expenses, Schedule "1" 452,692.31

Net Income from "Journal" \$156,968.00

MISCELLANEOUS INCOME:

Cooperative Advertising Bureau.....	\$ 203.06
Directory, 5th Edition.....	1,608.10
Rent, Building "B"	300.00 2,111.16

\$159,079.16

Association Expenses, Schedule "2".....\$67,972.22

Less:

Rentals	\$ 3,720.00
Interest on Treasurer's Account.....	276.41
Session	2,918.49 6,914.90

-\$61,057.32

Miscellaneous Expenses, Schedule "3" 20,718.28 81,775.60

Net Gain on Operations.....\$ 77,303.56

JOURNAL EXPENSES—SCHEDULE "1"

Wages and Salaries	\$158,659.87
Editorials, News and Reporting.....	9,815.32
Paper—JOURNAL Stock	165,966.73
Paper—Miscellaneous	7,280.61
Electrotypes	6,691.44
Binding	216.25
Ink	5,213.96
Postage—First Class	15,551.61
Postage—Second Class	27,924.85
JOURNAL Commissions	8,649.14
Collection Commissions	2,650.19
Discounts	4,147.44
Express and Cartage	2,800.72
Exchange	2,673.22
Office Supplies	609.89
Telephone and Telegraph.....	873.43
Office Jobbing	3,148.90
Miscellaneous	7,103.90
Power and Light	3,422.18
Fuel	3,310.93
Factory Supplies	4,384.53
Repairs and Renewals—Machinery.....	3,623.10
Bad Debts Written off, Less Recoveries.....	210.70
	<hr/> \$444,928.91

DEPRECIATION:

Property and Equipment:	Rate	Amount
Building "B" (New).....	2½%	\$ 4,289.21
Machinery	Reinventoried	566.67
Furniture and Equipment.....	Reinventoried	1,161.51
Factory Equipment	Reinventoried	70.60
Type	15%	691.26
Metal	20%	984.15
		7,763.40
Total		\$452,692.31

ASSOCIATION EXPENSES—SCHEDULE "2"

Propaganda	\$ 7,930.56
Association	15,657.72
Health and Public Instruction.....	8,778.34
Pharmacy and Chemistry and Chemical Laboratory.....	12,998.79
Medical Education	7,200.00
Organization	3,686.54
Therapeutic Research	729.55
Laboratory Depreciation—10%	173.88
Biographical	10,398.80
Building "A" Expense:	
Depreciation, 2½%	\$ 388.12
Sundries	29.92
	418.04
Total	\$ 67,972.22

MISCELLANEOUS EXPENSES—SCHEDULE "3 "

Insurance and Taxes	\$ 6,237.03
Legal and Investigation Expense.....	10,046.16
Building "B" Maintenance.....	1,534.16
Archives	1,635.40
Children's Journal	254.29
Cumulative Index	691.73
Depreciation on Library—20%.....	319.51
Total	\$ 20,718.28

The audit embraced an exhaustive test of the various sources of income and the verification of the cash disbursements with proper vouchers on file.

We are pleased to report that we found the accounting records to have been kept in the usual good order, and that every facility was afforded us for the proper conduct of the audit.

Yours truly,
MARWICK, MITCHELL, PEAT & Co.,
Chartered Accountants.

Report of the Judicial Council

To the Members of the House of Delegates of the American Medical Association:

During the year, the Judicial Council was asked for an opinion concerning the ethical propriety of a university accepting the patents on a product to be used as "an agent for the treatment of disease," and devoting any profits that may accrue to the support of scientific research.

The standing rules of the House of Delegates direct that "No mere hypothetical question asking for expression of opinion shall be considered by the Judicial Council, and no question of any character shall be considered until such question is referred to the Council in accordance with the rules adopted for its procedure."

Accordingly, the Judicial Council has declined to frame an opinion relative to the ethical questions arising or which might arise until a moot question is submitted for its decision. However, this instance is a general professional condition, pertaining to the relations of physicians to one another and to the public, concerning which condition, in the abstract, the Council submits the following recommendation for the action of the House of Delegates.

The position of the American Medical Association on the question of the ethical propriety of a physician availing himself of the advantages afforded the patentee of an article is that "It is unprofessional to receive remuneration from patents for surgical instruments or medicine" (Principles of Ethics, Chap. II, Art. I, Sec. 5); the Association has held to this principle since its organization.

The Judicial Council is of the opinion that the same standard which applies to individuals must also be conformed to by partnership companies and corporations of which a physician is a member. In other words, a physician cannot escape personal responsibility by making a group, of which he is one, the agent that acts in a manner in which the physician himself would not. It will be recalled that at the

Detroit session in 1916, the House of Delegates adopted the following resolution:

Resolved, That the Board of Trustees of the American Medical Association may accept, at their discretion, to hold, to control and to manage, as trustees for the benefit of the people and the protection of the medical profession, such patents on chemicals, remedial or diagnostic substances, medical or surgical instruments or appliances, or anything whatsoever that may be used in the treatment of disease or infirmity and for which a patent may be issued, as the patentee may desire to convey to the American Medical Association for the public protection and benefit; provided, that the patentee shall surrender all claim to remuneration from the royalties or otherwise on such patent or patents to the Board of Trustees of the American Medical Association, which Board of Trustees shall not exact from the manufacturer or producer under such patent or patents, any royalty or other pecuniary compensation or return therefrom, unless, in the judgment of the Board of Trustees, the exaction of such royalty shall appear to be wise and just and for the better protection of the public or the medical profession.

This resolution was substituted for a previous resolution relative to this matter, adopted by the House in 1914, which was as follows:

Resolved, That the Board of Trustees of the American Medical Association shall be permitted to accept, at their discretion, patents for medical and surgical instruments and appliances, as trustees, for the benefit of the profession and the public; provided, that neither the American Medical Association nor the patentee shall receive remuneration from these patents.

According to the resolution now in force, the Board of trustees, at its discretion, may exact such royalties as "shall appear to be wise and just and for the better protection of the public or the medical profession."

The Judicial Council recommends that the resolution adopted in 1916 be rescinded and that the resolution adopted in 1914 be reaffirmed. It will be noted that the resolution of 1914 empowers the Board of Trustees to protect the medical profession and the public by accepting as trustees patents, provided that neither the Association, nor the patentee receive a remuneration from these patents. This is in accord with the principles of Medical Ethics which as has been said, states the position on this question which has constantly been maintained by the American Medical Association. It maintains that the personal profit of members of the medical profession shall be sacrificed for the greater good to the public which follows the unrestricted use of new knowledge in the treatment of disease.

The Judicial Council submits that the use to which proceeds derived from the manufacture and sale of a medical or surgical commodity which is protected by letters patent is irrelevant to the real question and contrary to the spirit of the principle relating to the obtaining of financial reward from patented preparations as stated in the Principles of Ethics of the Association. The Judicial Council earnestly recommends that the House of Delegates shall reaffirm this statement of the ethical principle relating to this subject.

Respectfully submitted,

ALEXANDER LAMBERT, Chairman,
A. B. COOKE,
JAMES E. MOORE,
H. A. BLACK,
RANDOLPH WINSLOW,
A. R. CRAIG, Secretary.

Report of the Council on Health and Public Instruction

To the Members of the House of Delegates of the American Medical Association:

The work of the Council on Health and Public Instruction like all of our other national activities has been greatly reduced during the past year on account of war conditions. This is due not only to the absorbing interest of the public mind in problems directly connected with the conduct of the war, but also to the fact that the entire membership of the Council has been actively engaged in public service. Almost immediately after the New York Session in 1917, Dr. Frank Billings, the Chairman of the Council, was sent to Russia as chairman of a special commission. On his return after four months' absence, he was ordered to active service as an officer of the Medical Reserve Corps, first as aide on the staff of the governor of Illinois, then as special adviser to the Provost Marshal-General's office in Washington, and later to the Surgeon-General's Office for the formulation of plans for the care of the crippled and injured soldiers after the war. Dr. Walter B. Cannon of Boston went to France as an officer in the Medical Reserve Corps attached to the Harvard Base Hospital Unit, one of the first medical organizations to be sent abroad. Dr. Wilton Board has been on duty in the Medical Reserve Corps at the base hospital, Camp Zachary Taylor, near Louisville, Ky. Drs. Henry M. Bracken and Watson S. Rankin, the two remaining members of the Council, have been on constant duty as secretaries and executive officers of the boards of health of their respective states and have been cooperating with the federal government in guarding public health interests. The Secretary of the Council was ordered into active service early in August of 1917 and has been on continuous duty as an officer in the Medical Reserve Corps since that time.

Necessarily with all five members of the Council and the Secretary in service, the activities of the Council during the year have been limited to routine work. The Council office at the headquarters building in Chicago has been maintained and operated continuously and routine correspondence, the filling of orders for educational pamphlets, charts, posters, etc., have been carried on. Owing to existing conditions and the absorption of the public mind in other topics, it has not been considered advisable to undertake any new activities or the development of any new lines of work for the present. As soon as the war is over, the Council will resume its func-

tion of public education and stimulation of interest in health topics, public health legislation, etc., with the expectation of finding a public sentiment in favor of organized, concerted and constructive public health work resulting from the educational influence of our military activities greater than has heretofore been possible. The demonstration on a large scale of the effectiveness of modern preventive medicine which has been going on in our camps cannot fail to have a marked influence on public sentiment. The entrance into the service of nearly 20,000 physicians as officers of the Medical Reserve Corps will insure in the future a degree of discipline and cooperation in the medical profession that has heretofore been impossible. The Council confidently anticipates a degree of public interest and of constructive effort along public health lines following the war such as has never before been possible in this country. To meet this situation, it is more than ever necessary that the organized medical profession should be represented in this field by a permanent board capable of carrying on a definite constructive policy, looking toward the development of the largest amount of cooperation between the organized medical profession on the one hand and the general public on the other.

The following tables show the work done by the Council during the past year in the distribution of educational material:

TABLE 1.—NUMBER AND CHARACTER OF PAMPHLETS
PRINTED AND DISTRIBUTED, MAY 1, 1917,
TO APRIL 1, 1918

Conservation of Vision, Pamphlet III. "Wearing Glasses".....	1,000
Conservation of Vision, Pamphlet VIII. "Lenses and Refraction"	1,000
Conservation of Vision, Pamphlet XI. "Infant Blindness, or Ophthalmia Neonatorum"	500
Sex Hygiene. "Chums"	500
Sex Hygiene. "Life Problems"	1,000
Public Health. "Baby Welfare"	7,000
Public Health. "Hookworm"	8,000
Public Health. "House-Fly"	13,000
Public Health. "Measles"	11,000
Public Health. "Pure Water"	2,000
Public Health. "Scarlet Fever"	3,000
Public Health. "Smallpox"	6,000
Public Health. "Typhoid Fever"	4,000
"What You Should Know About Tuberculosis"	97,250
"Save the Babies"	18,000
"Summer Care of the Baby"	1,000
"Health Charts"	5,000
"An Outline for a Study Course on Public Health"	250
Total	179,500
Score Cards	15,000
Record Sheets	10,000
Total	25,000
Grand Total	204,500

1917-1918

From May 1, 1917, to April 4, 1918, the Council has received 2,992 and sent 5,622 letters. Requests for information and the sources from which they have come are indicated in Table 2.

TABLE 2.—SOURCES OF REQUESTS FOR INFORMATION

Source	Number
Boards and departments of health	37
Boards of Education	5
Clubs	22
Federal departments	15
Hospitals and sanitariums	14
Libraries	43
Life insurance companies	2
Medical societies	7
Nurses	60
Physicians	251
Publications	16
Universities, colleges, high schools, etc.	78
Y. M. C. and Y. W. C. associations	8
Miscellaneous	787
Total	1,345

The reports of the Chairman of the Committees on Women's and Children's Welfare and on cooperation with the National Education Association follow.

Respectfully submitted.

FRANK BILLINGS, Chairman,
WALTER C. CANNON,
WATSON S. RANKIN,
HENRY M. BRACKEN,
MILTON BOARD,
FREDERICK R. GREEN, Secretary.

REPORT OF SUBCOMMITTEES OF THE COUNCIL ON HEALTH AND PUBLIC INSTRUCTION

COMMITTEE ON COOPERATION WITH THE NATIONAL EDUCATION ASSOCIATION

To the Council on Health and Public Instruction:

Your committee charged with coordinating the work of the American Medical Association with that of the National Education Association reports by submitting the following memorandum of a meeting of the Joint Committee at Atlantic City:

1. An increasing number of letters is being received by the chairman of the Joint Committee for the committee reports and for information regarding various aspects of our committee program.

2. Ten thousand copies were printed of our committee third report, entitled "Health Charts." About 8,000 copies of this report have been distributed.

3. A few days before the meeting of the Joint Health Committee at Atlantic City, the chairman of the Joint Committee received a telegram from Mrs. Ira Couch Wood, Director of the Elizabeth McCormick Memorial Fund of Chicago, stating that the trustees of that fund had taken action making available \$2,000 for the printing of our health chart sets. Mrs. Wood has suggested or asked, on behalf of the Elizabeth McCormick Memorial Fund, that three charts on Open-Air School and Open-Window Rooms should be printed and distributed with the Health Charts sets of the committee. The additional cost involved in this will be met by the Elizabeth McCormick Memorial Fund.

4. The Joint Committee approved the plan proposed by its chairman for the printing of a fourth pamphlet report to be called "Health Improvement in Rural Schools." This pamphlet report, not to exceed fifty pages, will give information regarding the best health work which is being carried out at the present time in the rural schools of the country. The material for this report is being provided by the generous responses which the chairman has received in answer to 1,072 questionnaires and letters which have been sent out to state

superintendents of education, health officers, rural school supervisors, county superintendents, and others who are acquainted with the work in this field.

The consensus of opinion at the meeting of the Joint Committee in Atlantic City expressed itself in favor of the extension of the committee program for the consideration of health problems of the city schools as well as those in the country.

A brief summary of certain activities undertaken under the personal direction of the chairman of the Committee of the Council on Health and Public Instruction is appended:

In southern Colorado, we have kept up the protection of the teeth, eyes and health of the schoolchildren in the rural schools.

In the coal camps, an eye, ear, nose and throat specialist has been examining and treating the schoolchildren of these schools. A dentist and a special nurse are at work among the schoolchildren of the camps, treating and repairing teeth and teaching mouth hygiene.

At these camps, visiting nurses are working who devote their entire time to teaching hygiene and sanitation in the homes of the miners. This work is having a decidedly beneficial effect on the health of the community and does much to improve the schools. Owing to the importance and timeliness of first aid work, we are continuing classes in camps and schools.

The importance of architecture of schoolhouses is not being lost sight of—and whenever possible we speak of the importance of properly constructed schoolhouses, giving the unit schoolhouse as an illustration, with its faultless lighting and ventilation.

Respectfully submitted.

R. W. CORWIN, Chairman.

REPORT OF COMMITTEE ON WOMEN'S AND CHILDREN'S WELFARE

To the Council on Health and Public Instruction:

This last year, the work of our committee has been largely advisory and cooperative, instead of initiative. This has been necessary because of the lack of appropriation and the absence of the majority of the members of the Council, especially the absence of its secretary, Dr. Green. One new feature of the work has been an effort to get the various state

fair boards to make provisions for a department of child welfare. The effort has met with a gracious response in all instances and a number have already established permanent departments. At one state fair, alone, 500 babies were measured and scored. A very fair and promising proportion of these were self-competing—that is, children who had entered in 1916, failed to score high because of remediable defects, were worked on according to advice received at the conference, and returned in 1917 to measure their improvement against that of the previous year.

As we have said, the bulk of our work has been cooperative. As chairman of the Child Hygiene Division of the General Federation, it has been possible to come in contact with, and help direct, the plans for child welfare in the Women's clubs of the country. In that capacity, we have submitted two lines of work closely allied with the work of the American Medical Association: insistence on adequate vital statistics laws and development and furtherance of baby health conferences. The latter recommendation has necessitated the distribution of the American Medical Association Score Card, Anthropometric Table and Pamphlet No. 7, in addition to bulletins from the federal bureau, and material from the Association for the Study and Prevention of Infant Mortality.

In response to a summons from the Children's Bureau, we met in conference with child welfare workers at Washington, D. C., March 14 and 15, to discuss plans for the children's year. These plans cover three proposed drives: The measuring and weighing of all children under 5 in the United States; the establishment and increase in numbers of public health nurses; and the training of home health volunteers.

As these plans are being executed by the National Council of Defense with the assistance of the General Federation of Women's Clubs and the Parent-Teacher's Associations of the country, they offer a far-reaching field of cooperation. The American Medical Association Baby Welfare Charts, Save the Babies pamphlets and Anthropometric Tables are especially in demand. If the funds were available, and office force sufficient, an unlimited supply of material from our committee would be demanded. It is our keenest regret not to be able to meet that demand in an aggressive way, for wherever permanent stations are established there will be a demand for material and work.

The score card used for the weighing and measuring test is very simple and consequently exceedingly practical for

uniform use. It is hoped that in localities where the data secured reveals the need of further investigation such investigation may be made. The Smithsonian Institution of Washington, D. C., and the Iowa Child Research Station have signified their willingness to cooperate in an advisory capacity wherever possible. In this day of reckless expenditure of adult life, we are doubly inexcusable if the rate of infant mortality is not decreased in proportion to the increased destruction of life by war. Organized effort, continuously made, and backed by adequate funds is the only solution of the problem.

Respectfully submitted.

LENNA L. MEANES, Chairman.

M. L. TURNER, Secretary.

Report of the Council on Medical Education

To the Members of the House of Delegates of the American Medical Association:

Fourteen years ago the Council on Medical Education was established and began its efforts to improve medical education in the United States. In 1904 the number of medical schools in this country exceeded the total in all the rest of the world. As to the character of its medical schools, however, this country suffered in comparison with other countries. Medical schools abroad were mainly departments of large universities, liberally financed either by governmental or private agencies. In the United States most of the medical schools were independent and not only met all expenses from student's fees but many actually derived profits from that source. In most European countries entrance requirements were the equivalent of one and a half or two years of work as measured by courses in standard colleges and universities in this country. In the United States, in 1904, only four medical schools were requiring any college work for admission and the large majority were not even requiring a four-year high school education. Medical schools of Europe were mostly supplied with full-time, salaried teachers, including some who devoted their attention to clinical subjects. In 1904, only a few medical schools in this country had any full-time teachers in charge of their laboratory subjects. Most of the medical schools in Europe as well as those of South America were connected with large teaching hospitals. In 1906, in the United States, when the first inspection of medical schools was made, only a small proportion of the medical schools had relationships with hospitals sufficiently large to supply satisfactory clinical teaching material.

PROGRESS IN FOURTEEN YEARS

During the last fourteen years the situation has been decidedly improved. Largely through the merging of two or more colleges into one in each of many instances the sum total of medical schools has been reduced to what is more nearly the normal supply for this country. Most of the medical schools at present, however, are stronger and better equipped in every way; many of them now compare favorably

with the best medical schools abroad, and a score or more are in some respects superior to the very best found anywhere. The advantages in this country at present are the higher and better supervised entrance requirements; larger staffs of well qualified, full-time laboratory teachers; closer relationships with large and well conducted hospitals; and the use of the more modern methods of practical and clinical teaching. Commercialism has been practically eliminated from medical teaching and only a few seriously low grade medical schools continue to exist. Now, as shown in Chart 1, 80 per cent. of the medical schools are requiring for admission two years of collegiate work; the majority have teaching relationships with one or more hospitals in which clinical material is abundant and being used in accordance with the latest methods of teaching.

IMPORTANCE OF PRELIMINARY EDUCATION

Of all the improvements enumerated, the one of greatest importance has been the increase in entrance requirements. Without a thorough preliminary education, including a training in physics, chemistry and biology, students would not be able to master the present-day medical course, and would be seriously handicapped, however well equipped the medical school might be with teachers and laboratories. It is noteworthy that the higher admission requirements were adopted voluntarily by the majority of medical schools. In this increase, as a rule, the medical schools were supported by their local state licensing boards, so that now two years of college work have been made an essential qualification for the license in thirty states. This action by the licensing boards also induced certain other medical colleges to go on the higher standard which would not do so voluntarily. Meanwhile, it is those who are interested in medical schools of the latter type who are quick to seize on any pretext to urge a retrogression in entrance requirements, and they have recently been magnifying the country's "dire need of doctors" in the present war emergency, in the hope of securing a retrogression in the entrance requirements of medical schools. As already shown, however, the two-year standard of preliminary education has brought the entrance requirements of medical schools in this country on a par with the essential preliminary qualifications in Great Britain and the other countries of Europe. With the present standards, therefore, Americans need no longer apologize when they speak of medical education in the United States.

REFORMS IN MEDICAL EDUCATION AND THE WAR

It is gratifying to know that the reforms in American medical education were so nearly completed before this country was finally drawn into the world war. For the last six or seven years the majority of medical schools have not only been enforcing the higher entrance standards but have also been operating under greatly improved conditions in other respects. The majority of students graduating in the last several years, therefore, have received a medical training equal to the best obtainable anywhere. Furthermore, it is these recent graduates who, in larger proportions, have entered the government medical services and who will be responsible for the medical care of our American soldiers and sailors. It is a matter of congratulation, therefore, that those fighting for the preservation of America and American ideals will have as skilled medical care as those of the opposing armies. This could not have been said had it not been for the energetic campaign of the last fourteen years to improve medical education.

NO DEARTH OF PHYSICIANS BUT AN
INCREASED DEMAND

The war has affected the supply of physicians, even as it has reduced the supply of those in other technical occupations. In recent years also the demand for medical graduates to fill positions as hospital interns, health officers, medical inspectors, medical teachers and other positions of responsibility has been greatly increased. This increased demand is due, not to any scarcity of medical graduates, but to the improved qualifications of those now graduating from our medical schools. In former years this demand did not exist, for the very reason that many of the graduates then turned out were not qualified, educationally or professionally, to occupy the positions now open to them. The increase in the demand has been in direct proportion to the improvements in preliminary and medical education.

DEMAND FOR BETTER, NOT LOWER, EDUCATION

Even for Army purposes the great demand is not so much for ordinary physicians or surgeons as for those of highly technical and special training. Emphatically, therefore, the present demand does not call for a lowering of educational standards, but for the maintenance of present entrance requirements (two years of college work); for further

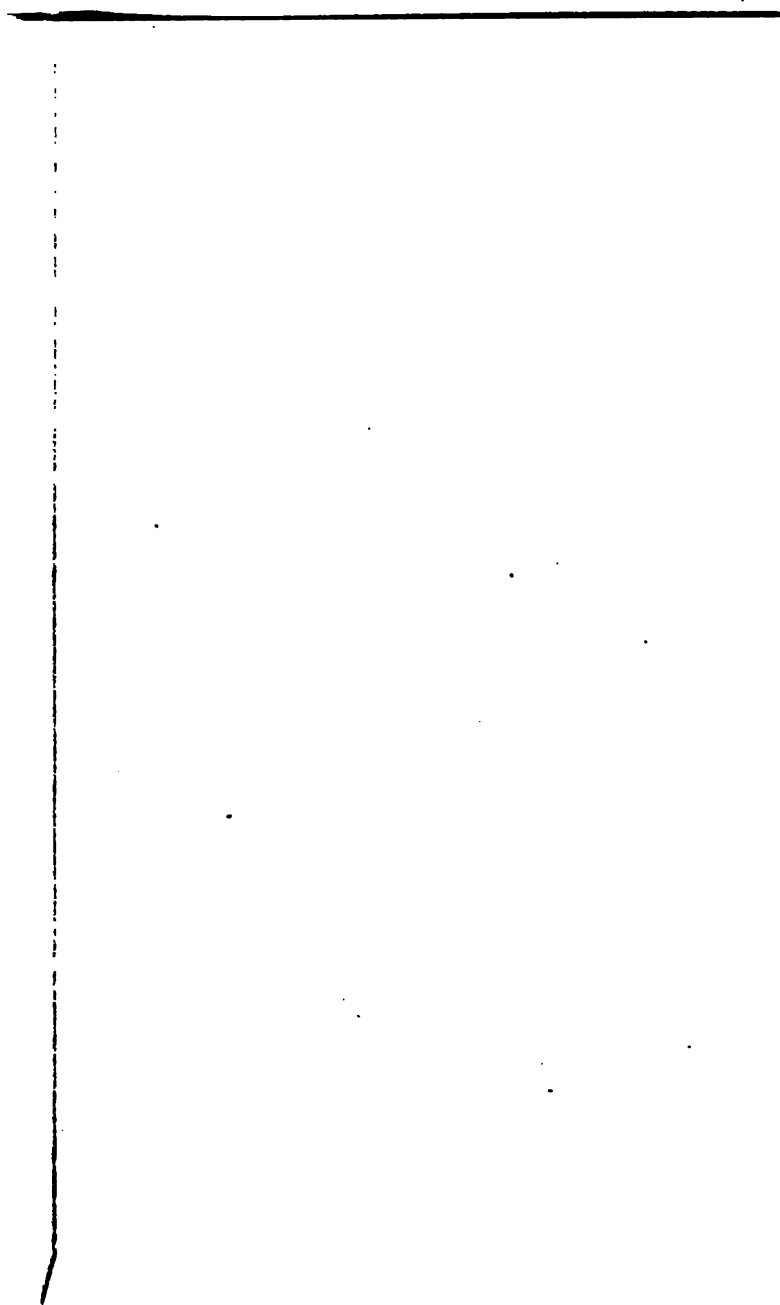
improvements in laboratory and clinical equipment and, particularly, for improved methods of teaching in all medical schools. It is only by maintaining these fair standards that the demand will be supplied, since in the better medical schools, the number of graduates has steadily increased each year for the last five years, while the number graduating each year from the lower grade colleges *has steadily decreased*.

MEDICAL EDUCATION FOR NEGROES

One result of the campaign for an improved medical education has been that a generous financial support has been provided for medical schools, either from state appropriations or private sources. The gifts, which at first were of a few thousands of dollars, were soon increased to hundreds of thousands and then to millions, and in recent years gifts of the larger sums have become almost commonplace. These generous gifts indicate the general recognition of the fact that a medical school needs a liberal income in addition to students' fees if it is to furnish a training in accordance with present-day medical knowledge.

In the providing of funds, however, it appears that medical schools for negro students have been largely overlooked, although their need for such support is proportionately greater than for medical schools generally. Now they not only lack this outside financial aid, but also their income from students' fees has been considerably reduced as a result of the general adoption of higher entrance requirements. For these reasons, largely, medical schools for negroes have not been able to keep pace with the rapid improvements made in other medical schools.

There are about eleven million negroes in the United States and only four negro medical schools. One of these is in Class A; two in Class B and one in Class C. The Howard University School of Medicine at Washington receives only about \$5,000 each year—not nearly sufficient to meet its needs—from the United States government, and has access to the large Freedmen's Hospital which is financed by the government. The Meharry Medical College at Nashville in recent years has received a few thousands from private donations and a larger sum to build a small teaching hospital. It is much in need of funds for its further development and maintenance. Still smaller sums have been received by Leonard Medical School, the medical department of Shaw University, which gives only the first two years of the medical course. A few years ago this school discontinued the



clinical courses so as to concentrate its efforts on improving the laboratory portion of the school. To show the need of these medical schools it should be stated that, at the lowest estimate, no college can properly teach modern medicine without an income of at least \$25,000, in addition to students' fees. This figure should be doubled, if the college is to be even moderately well conducted. These funds are needed to provide more salaried, full-time teachers, more laboratories, more equipment, and to provide for better administration. Furthermore, in the coming requirement of an internship in a hospital as a requisite for the license, increased provision for internships will need to be made for such graduates. This means more hospitals for negroes. Although most of the northern white schools accept negro medical students into their classes, it is difficult to provide them with internships in suitable hospitals. These problems in connection with negro medical education are worthy of careful consideration. No better object could be found for generous donations at the present time than medical schools for the colored race.

PROGRESS IN MEDICAL LICENSURE

Since 1904, the Council has had, as one of its regular functions, the collection and tabulation of statistics which are published in the State Board Number of the *Journal* in April of each year. These statistics have had a large influence in the improvement of both medical education and medical licensure. Four tables published this year are of particular importance and are reproduced in this report. Table 1 has been published with the statistics for each of the last five years and its influence on medical education has been profound. It is based on reports signed by officials of the various boards and shows in what states the diplomas granted by various medical colleges are not recognized as an acceptable qualification for the license. This table has been published each year in the State Board Number of the *Journal*, in the annual report to the House of Delegates and in a pamphlet published for and widely circulated among prospective medical students. Prior to the publication of this table medical students had no way of ascertaining whether or not the diplomas of the colleges they were attending would enable them to secure licenses. Students have actually attended certain colleges for four years, graduated and applied for licenses before they learned that the colleges were not recognized in adjoining states. Besides being a guide for the prospective medical student, this table shows what boards are safeguarding the people of their

TABLE 3.—STATE REQUIREMENTS OF PRELIMINARY EDUCATION

State Examining Board of	One Year of College Work		Two Years of College Work	
	Affects Students Matriculating	Affects All Graduates	Affects Students Matriculating	Affects All Graduates
Alabama.....	.....	.....	1915-16	1919
Alaska.....	1914-15	1918	1918-19	1922
Arizona.....	1914-15	1918	1918-19	1922
Arkansas.....	1915-16	1919	1918-19	1922
California.....	1915-16	1919	.....	.....
Colorado.....	1908-09	1912	1910-11	1914
Connecticut.....	1911-12	1915	.....	.....
Delaware.....	.....	.....	.....	.....
Dist. of Columbia.....	.....	.....	.....	.....
Florida.....	1914-15	1918	1918-19	1922
Georgia.....	.....	.....	.....	.....
Idaho.....	.....	.....	.....	.....
Illinois.....	1915-16	1919	.....	.....
Indiana.....	1910-11	1914	1911-12	1915
Iowa.....	.....	.....	1911-12	1915
Kansas.....	1910-11	1914	.....	.....
Kentucky.....	1914-15	1918	.....	.....
Louisiana.....	1915-16	1919	1918-19	1922
Maine.....	.....	.....	.....	.....
Maryland.....	1914-15	1918	1918-19	1922
Massachusetts.....	.....	.....	.....	.....
Michigan.....	1914-15	1918	1918-19	1922
Minnesota.....	.....	.....	1908-09	1912
Mississippi.....	1915-16	1919	1919-20	1923
Missouri.....	.....	.....	.....	.....
Montana.....	1914-15	1918	1918-19	1922
Nebraska.....	.....	.....	.....	.....
Nevada.....	.....	.....	.....	.....
New Hampshire.....	1914-15	1918	1915-16	1919
New Jersey.....	1915-16	1919	1916-17	1920
New Mexico.....	1914-15	1918	1918-19	1922
New York.....	1917-18	1921	1918-19	1922
North Carolina.....	1914-15	1918	1918-19	1922
North Dakota.....	.....	.....	1908-09	1912
Ohio.....	.....	.....	.....	.....
Oklahoma.....	1914-15	1918	1917-18	1921
Oregon.....	.....	.....	.....	.....
Pennsylvania.....	1914-15	1918	.....	.....
Rhode Island.....	1914-15	1918	1918-19	1922
South Carolina.....	.....	.....	1916-17	1920
South Dakota.....	1908-09	1912	1911-12	1915
Tennessee.....	1916-17	1920	1918-19	1922
Texas.....	1914-15	1918	.....	.....
Utah.....	1913-14	1917	.....	.....
Vermont.....	1913-14	1917	1918-19	1922
Virginia.....	1914-15	1918	1917-18	1921
Washington.....	1914-15	1918	1918-19	1922
West Virginia.....	1917-18	1921	.....	.....
Wisconsin.....	.....	.....	1915-16	1919
Wyoming.....	.....	.....	.....	.....

TABLE 4.—ADVANCES IN STATE LICENSE REQUIREMENTS
IN FOURTEEN YEARS

Requirement or Provision	States Having Provision for			States Still Having No Provision for
	1904	1918	Increase	
Preliminary Education—				
Any provision for.....	21	46	25	4 ¹
Any standard fixed.....	18	44	26	6 ²
A standard four-year high school education or higher.....	7	44	37	6 ²
One year or more of college work..	0	38 ³	38	11
Two years of college work as a minimum	0	30 ³	30	19
That all applicants be graduates of a medical college.....	36	49	13	0
That all applicants undergo an examination for license.....	45	48	3	1 ⁴
Requirements of practical and clinical tests in the license examinations....	1	5 ⁵	4	43
Hospital intern year required.....	0	7 ⁶	7	42
Full authority by board to refuse recognition to low-grade colleges.....	14	43	29	6 ⁷
Boards refusing to recognize low-grade colleges*	5	37	32	11 ⁸
Reciprocal relations with other states..	27	41	14	8 ⁹
Single boards of medical examiners....	36	42	6	7 ¹⁰

* In three states, Arkansas, Connecticut and Florida, each of which has three separate boards, only the regular (nonsectarian) boards have refused recognition to low standard medical colleges.

1. District of Columbia, Massachusetts, Oregon and Wyoming.

2. Idaho, Nevada and the states named in Footnote 1.

3. See Table 3.

4. New Mexico.

5. The states in which the boards are regularly using practical laboratory and clinical tests in their examinations are Illinois, Minnesota, North Dakota, Ohio and South Dakota. A few other states use practical tests to a greater or less extent but not as extensively or invariably as in the five states named.

6. Pennsylvania, 1914; New Jersey, 1916; Alaska, 1917; North Dakota and Rhode Island, 1918; Illinois, 1921, and Michigan, 1922.

7. District of Columbia, Idaho, Massachusetts, Oregon, Utah and Wyoming.

8. Arizona, California, Nevada, Tennessee, Washington and the states named in Footnote 7.

9. Arizona, Connecticut, Florida, Massachusetts, Montana, Oregon, Rhode Island and Washington. To this list should be added the outlying territories of Alaska, Canal Zone, Philippine Islands and Porto Rico, which have no provision for reciprocity.

10. Multiple boards still remain in Arkansas, Connecticut, Delaware, District of Columbia, Florida, Louisiana and Maryland.

states against the incompetent graduates of low standard medical colleges. Based as it is on strictly official information this table last year was used by the Surgeon-General in establishing a list of "well-recognized" colleges. Unless a college is recognized by the majority of state licensing boards it is not considered as "well-recognized," and its students who are drafted are not permitted to enter the "enlisted reserve corps."

Table 2 shows the classification of the colleges of each physician licensed by examination and reciprocity during 1917. Graduates of medical schools which ceased to exist or which merged with other schools prior to 1907 are included among miscellaneous candidates. Of the physicians licensed by reciprocity, all physicians who graduated prior to 1907, when the Council's first classification was prepared, are included in miscellaneous. Members of the House of Delegates can see just how many of the physicians licensed in their respective states during 1917 were graduates, respectively, of Class A, B and C medical schools, and whether the people of those states are being adequately protected against the output of low grade colleges.

Table 3 shows that at present thirty-eight states require one or two years of collegiate work as a minimum standard of preliminary education and that, of this number, thirty require *two years* of such college work. The twelve states which have not adopted the higher standard are: District of Columbia, Massachusetts and Wyoming, in which as yet no standard has been fixed; Idaho and Oregon, in which the standard is less than a four-year high school education; and Delaware, Georgia, Maine, Missouri, Nebraska, Nevada and Ohio, in which a four-year high school education is the minimum requirement.

Various improvements brought about in medical licensure during the last fourteen years are set forth in Table 4. Next to the improvements in the standards of preliminary education the greatest increase (32) is in the number of states (now 37) which are refusing to recognize low grade colleges. The greatest needs at present are a wider adoption of the requirement of the hospital intern year; a general adoption of the standard of two years of premedical college work, and—a matter of extreme importance—a more general and larger use of practical laboratory and clinical tests in the state licensing examinations. Such tests to a fairly satisfactory extent are now being used in Illinois, Minnesota, North Dakota, South Dakota and Ohio and to a lesser extent in a

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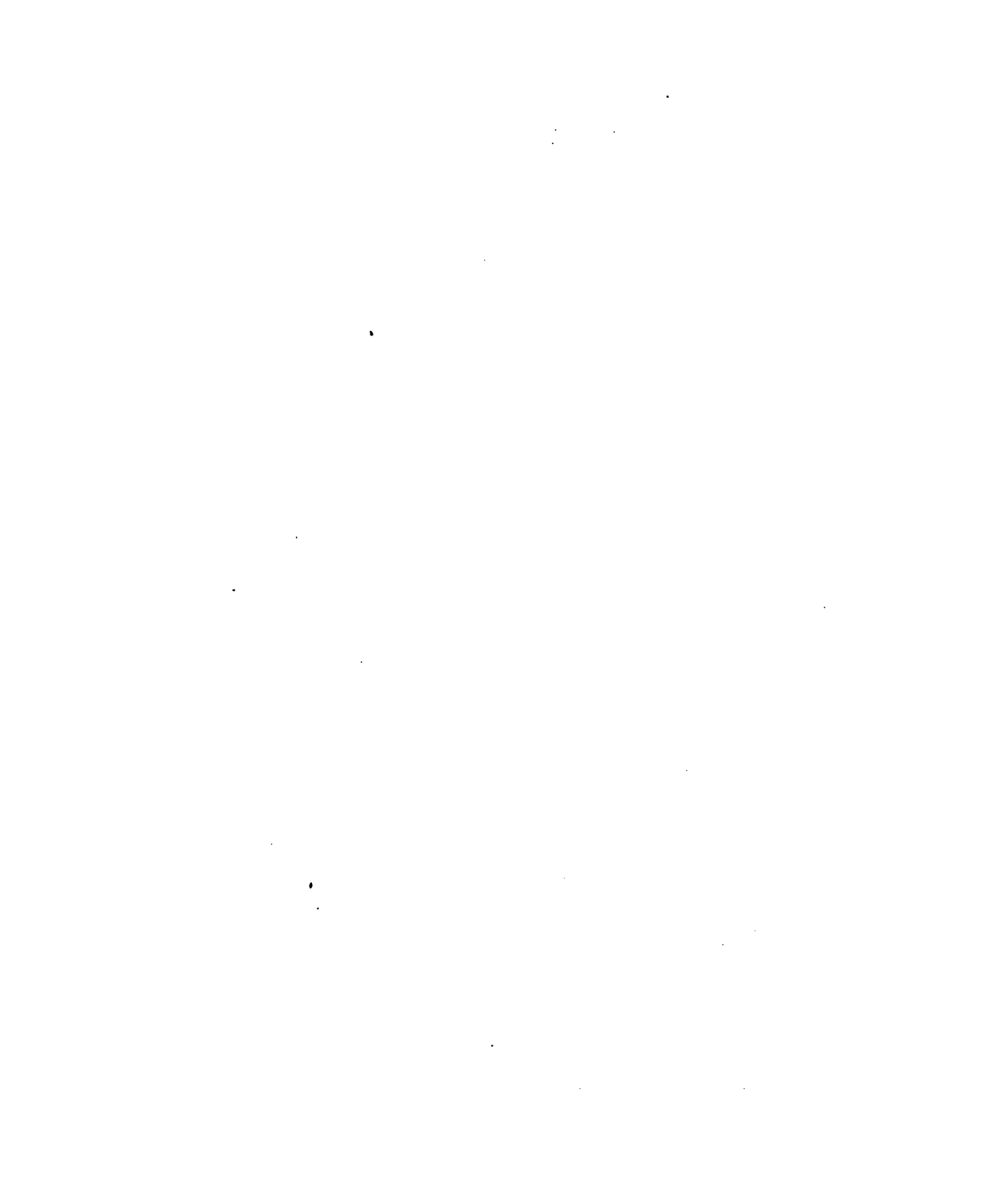
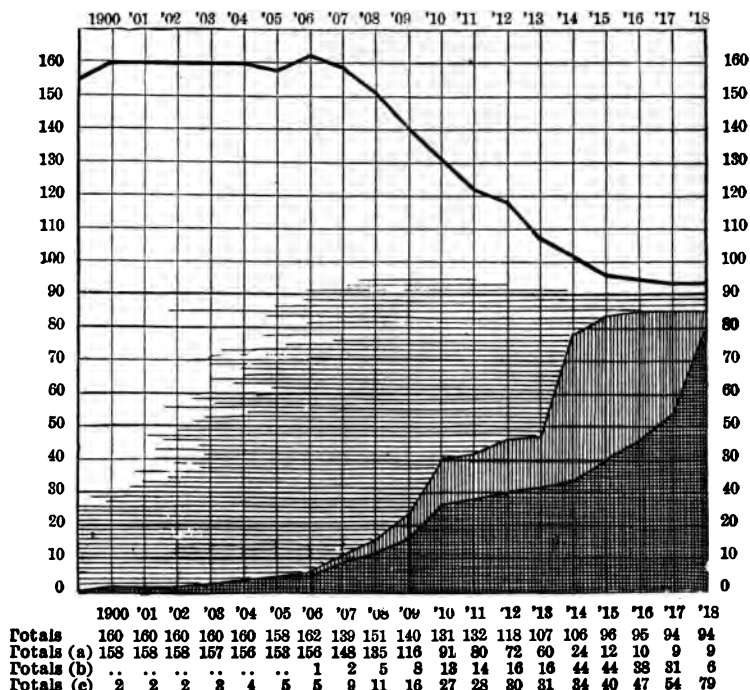


CHART 1.—MEDICAL SCHOOLS AND ENTRANCE REQUIREMENTS

This chart shows (heavy line at the top) the total numbers of medical schools existing in the various years. The chart also shows the numbers of medical schools requiring for admission (horizontal shading, indefinite, estimated) a four-year high school education; (vertical shading) one year of premedical college work and (heavy shading) two years of premedical college work.



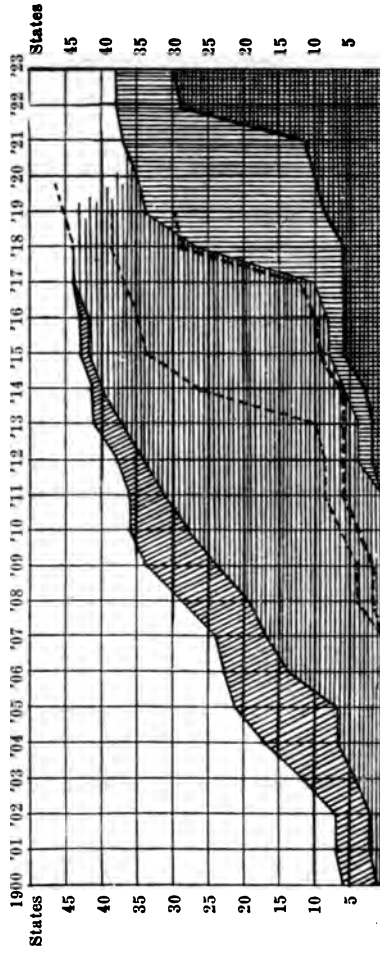
Requiring for admission (a) a high school education or less; (b) one year of college work; (c) two or more years of college work.

CHART 2.—STATE REQUIREMENTS OF PRELIMINARY EDUCATION

As shown by Medical Practice Acts and Board Rules

Showing by years the increased number of states requiring (diagonal shading) any preliminary requirement (horizontal shading); a four-year high school education (vertical shading); one year of college work, and (heavy shading) two years of college work.

The light and heavy dotted lines in the horizontal shading indicate, respectively, when the one-year and the two-year requirements were *adopted*—when they began to affect *matriculants* in medical schools. The requirements did not affect *graduates* until four years later, as indicated by the vertical and heavy shading. Each vertical line represents a year as indicated. (Compare this chart with Chart 1.)



	1900	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20	'21	'22	'23
Any rec't....	6	7	12	18	21	23	24	29	34	36	38	41	42	43	44	44	44	44	44	44	44	44	44	44
Less than h.s.	5	5	5	8	11	14	9	7	10	10	8	5	4	2	1	1	1	1	1	1	1	1	1	1
h.s.....	1	2	2	4	7	7	14	17	19	24	28	31	30	33	34	34	34	34	34	34	34	34	34	34
1 yr. coll.....	..	..	..	..	..	..	..	..	..	..	..	..	2	2	3	2	2	4	20	25	25	25	9	8
2 yrs. coll.....	..	..	..	..	..	..	..	..	..	..	..	..	2	2	3	2	2	6	6	9	10	12	29	30

few other states. An excellent example of how these examinations could be conducted is now being furnished frequently by the National Board of Medical Examiners.

Reference has just been made (see Table 3) to the adoption by state licensing boards of higher requirements of preliminary education. Progress in this particular since 1900 is shown in the accompanying Chart 2. This chart shows just how many states in each year had adopted, respectively, a four-year high school education or higher standards of preliminary education. In 1900, only six states had made provision for preliminary education in their practice acts and in only one of these was the standard fixed at a four-year high school education or its equivalent. Since 1900, wide publicity has been given to the serious conditions in medical education and progress since that time has been rapid. In 1904, the Council on Medical Education advocated two standards of medical education, one for immediate adoption which recommended a four-year high school course as the minimum entrance requirement and another—the “ideal standard”—which advocated one year of college work including courses in physics, chemistry and biology. Colleges and state boards were urged to adopt the latter standard by Jan. 1, 1908, but the time was extended till Jan. 1, 1910. By 1910 the number of states providing for preliminary education had increased to thirty-six, in twenty-eight of which a four-year high school course was required. The light and heavy dotted lines indicate the number of boards each successive year beginning in 1912, which have *adopted*, respectively, one or two years of collegiate work in addition to a four-year high school education as the minimum preliminary qualification for the license in those states. Note that the marked increase occurred in 1914 for the adoption of one year of college work and in 1918 for the two year requirement. These are the years when, respectively, one year and two years of college work were made an essential requirement for admission to Class A. medical schools. The increases in the numbers of states adopting the higher preliminary standards as indicated by the dotted lines correspond quite closely also with the increases in the numbers of medical colleges which adopted those standards (see Chart 1). The dotted lines show when the requirements affected students *matriculating* in medical colleges. Those requirements did not become effective for all *graduates* until four years later; hence the portions of the chart shown by the vertical and the heavy shading indicate for each year

the numbers of states in which, respectively, one year and two years of college work were required of all graduates seeking licenses to practice in those states.

NATIONAL BOARD OF MEDICAL EXAMINERS

The National Board of Medical Examiners was organized in 1915 and sought the endorsement of the House of Delegates. That matter was referred to the Council on Medical Education for special investigation which was made during the fall of 1915. Further information was brought out in a series of papers read at a joint conference of the Council and the Federation of State Medical Boards in February, 1916. It was found that the personnel of the board consisted of men of high qualifications and that the methods being followed were such as would uphold the standards of education established by the Council and which had been adopted by many of the state licensing boards of the country. On recommendation of the Council, therefore, the National Board of Medical Examiners was endorsed by this body in June, 1916. The personnel of the board at present is as follows: Rear Admiral William C. Braisted, Surgeon-General, United States Navy; Surg.-Gen. William C. Gorgas, United States Army; Surg.-Gen. Rupert Blue, United States Public Health Service; Capt. Edward R. Stitt, Col. Louis A. LaGarde, Assistant Surg.-Gen. William C. Rucker, Dr. Victor C. Vaughan, Dr. Horace D. Arnold, Dr. Austin Flint, Dr. Walter L. Bierring, Dr. Henry Sewell, Dr. E. Wylls Andrews, Dr. Louis B. Wilson, Dr. Herbert Harlan, and Dr. Isadore Dyer.

Funds to meet the expenses of the board have been provided by the Carnegie Foundation for the Advancement of Teaching, which has given \$15,000 per year for that purpose, for an indefinite number of years. This generosity has enabled the board to get its work well started without having to charge examination fees. The only fee for each candidate is \$5 for registration.

Recognition of the National Board has already been granted by eleven states and holders of its certificates will be registered without further examination in Colorado, Delaware, Idaho, Kentucky, Maryland, New Hampshire, North Carolina, North Dakota, Pennsylvania, Rhode Island and Vermont. When the permanency of the Board is established and the high character of its examinations is more generally recog-

nized, it is quite probable that its certificate will be recognized by the licensing boards of a larger number, if not of all, states.

The board has held six examinations, the first two in Washington, D. C., held respectively, in October, 1916, and June, 1917; third in Chicago in October, 1917, and the fourth in New York in January, 1918. At these examinations altogether 70 physicians were examined, of whom 54 passed and 16, or 23 per cent., failed. The figures for each of the four examinations are shown in the following table:

Date of Examination	Where Held	Total Examined	Passed	Failed	Percentage Failed
October, 1916	Washington	10	5	5	50.0
June, 1917	Washington	12	9	3	33.3
October, 1917	Chicago	28	22	6	21.5
January, 1918	New York	20	18	2	10.0
Totals		70	54	16	23.0

Two other examinations were held in April at Forts Oglethorpe and Riley, but the final grades have not been received.

EDUCATION PRELIMINARY TO THE STUDY OF MEDICINE

At the annual meeting of the American Medical Association, held in June, 1916, the House of Delegates adopted the recommendation of the Reference Committee on medical education, instructing the Council to not retain in Class A after January 1, 1918, any medical school that was not requiring for admission at least two years of work in a college of arts and sciences approved by the Council or in lieu thereof an equivalent education as demonstrated by the properly conducted examination approved by the Council. The recommendation further stated that two years of college work represented "the highest requirement of preliminary education that should be legally established in this country."

In February, 1917, a special committee was appointed by the Council to study the problem, to suggest a subject content of the two-year premedical college course, and to develop a schedule of the subjects which would best prepare the student for his subsequent medical studies.

The committee was made up as follows:

Dr. Kendric C. Babcock, Urbana, Ill., chairman, formerly specialist in higher education of the United States Bureau of Education; now dean of the College of Liberal Arts and Sciences of the University of Illinois and intimately identified with the work of the North Central Association of Colleges

and Secondary Schools and the Association of American Universities in standardizing colleges of arts and sciences.

Prof. George Gailey Chambers, director of admissions, University of Pennsylvania, Philadelphia, representing the Association of American Universities.

Dr. W. F. R. Phillips, professor of anatomy of the Medical College of the State of South Carolina, Charleston, representing the Association of American Medical Colleges.

Dr. Theodore Hough, dean of the University of Virginia Department of Medicine, Charlottesville.

Dr. N. P. Colwell, secretary of the Council on Medical Education of the American Medical Association, Chicago.

Although of great importance to medical education, this was a matter which chiefly concerned academic colleges and universities; and for that reason, associations of such colleges were ably represented on the committee. Presidents and deans of such colleges were generally and freely consulted in the study of the problem. A preliminary report of the committee was published in *The Journal* of Aug. 18, 1917.

Following the discussions at the annual conferences of the Council on Medical Education and the Association of American Colleges in Chicago in February, 1918, the committee met and completed its report, which, as finally adopted, is as follows:

I. HIGH SCHOOL REQUIREMENTS

(a) For admission to the two-year premedical college course, students shall have completed a four-year course of at least fourteen units (fifteen after Jan. 1, 1920) in a standard accredited high school or other institution of standard secondary school grade, or have the equivalent as demonstrated by examinations conducted by the College Entrance Examination Board, or by the authorized examiner of a standard college or university which has been approved by the Council on Medical Education. Unless all the entrance units are obtained by examination, a detailed statement of attendance at the secondary school, and a transcript of the student's work, should be kept on file by the college authorities. This evidence of actual attendance at the secondary schools should be obtained, no matter whether the student is admitted to the freshman or to higher classes.

(b) Credits for admission to the premedical college course may be granted for the subjects shown in the following list and for any other subject counted by a standard accredited

high school as a part of the requirements for its diploma, provided that at least eleven units must be offered in Groups I-V:

SCHEDULE OF SUBJECTS REQUIRED OR ACCEPTED FOR
ENTRANCE TO THE PREMEDICAL COLLEGE
COURSE

Subjects	Units*	Required
GROUP I, ENGLISH—		
Literature and composition	3-4	3
GROUP II, FOREIGN LANGUAGES—		
Latin	1-4	2†
Greek	1-3	
French or German	1-4	
Other foreign languages	1-4	
GROUP III, MATHEMATICS—		
Elementary algebra	1	1
Advanced algebra	$\frac{1}{2}$ -1	..
Plane geometry	1	1
Solid geometry	$\frac{1}{2}$	..
Trigonometry	$\frac{1}{2}$	..
GROUP IV, HISTORY—		
Ancient history	$\frac{1}{2}$ -1	1
Medieval and modern history	$\frac{1}{2}$ -1	
English history	$\frac{1}{2}$ -1	
American history	$\frac{1}{2}$ -1	
Civil government	$\frac{1}{2}$ -1	
GROUP V, SCIENCE—		
Botany	$\frac{1}{2}$ -1	..
Zoology	$\frac{1}{2}$ -1	..
Chemistry	1	..
Physics	1	..
Physiography	$\frac{1}{2}$ -1	..
Physiology	$\frac{1}{2}$ -1	..
Astronomy	$\frac{1}{2}$	..
Geology	$\frac{1}{2}$ -1	..
GROUP VI, MISCELLANEOUS—		
Agriculture	1-2	..
Bookkeeping	$\frac{1}{2}$ -1	..
Business law	$\frac{1}{2}$	..
Commercial geography	$\frac{1}{2}$ -1	..
Domestic science	1-2	..
Drawing, freehand and mechanical	$\frac{1}{2}$ -2	..
Economics and economic history	$\frac{1}{2}$ -1	..
Manual Training	1-2	..
Music: Appreciation or harmony	1-2	..

* A unit is the credit value of at least thirty-six weeks' work of four or five recitation periods per week, each recitation period to be not less than forty minutes. In other words, a unit represents a year's study in any subject in a secondary school constituting approximately a quarter of a full year's work. A satisfactory year's work in any subject cannot be accomplished under ordinary circumstances in less than 120 sixty-minute hours, or their equivalent.

† Both of the required units of foreign language must be of the same language, but the two units may be presented in any one of the languages specified.

Of the fourteen units of high school work (fifteen after Jan. 1, 1920), eight units are required, as indicated in the foregoing schedule; the balance may be made up from any of the other subjects in the schedule.

II. PREMEDICAL COLLEGE COURSE

(c) Beginning Jan. 1, 1918, the minimum requirement for admission to acceptable medical schools, in addition to the high school work specified above, will be sixty semester hours of collegiate work, extending through two years, of thirty-two weeks each, exclusive of holidays, in a college approved by the Council on Medical Education. The subjects included in the two years of college work should be in accordance with the following schedule:

SCHEDULE OF SUBJECTS OF THE TWO-YEAR
PREMEDICAL COLLEGE COURSE

	Sixty Semester Hours* Required	Semester Hours
Required Subjects:		
Chemistry (a)		12
Physics (b)		8
Biology (c)		8
English composition and literature (d)		6
Other nonscience subjects (e)		12
Subjects Strongly Urged:		
French or German (f)	6-12	
Advanced botany or advanced zoology	3-6	
Psychology	3-6	
Advanced mathematics including algebra and trigonometry ..	3-6	
Additional courses in chemistry	3-6	
Other Suggested Electives:		
English (additional), economics, history, sociology, political science, logic, mathematics, Latin, Greek, drawing.		

* A semester hour is the credit value of sixteen weeks' work consisting of one lecture or recitation period per week, each period to be not less than fifty minutes net, at least two hours of laboratory work to be considered as the equivalent of one lecture or recitation period.

SUGGESTIONS REGARDING INDIVIDUAL SUBJECTS

(a) *Chemistry*.—Twelve semester hours required (eight until Jan. 1, 1919) of which at least eight semester hours must be in general inorganic chemistry, including four semester hours of laboratory work. In the interpretation of this rule work in qualitative analysis may be counted as general inorganic chemistry. The remaining four semester hours (required after Jan. 1, 1919) may consist of additional work in general chemistry or of work in analytic or organic chemistry.

(b) *Physics*.—Eight semester hours required, of which at least two must be laboratory work. It is urged that this course be preceded by a course in trigonometry. This requirement may be satisfied by six semester hours of college physics, of which two must be laboratory work, if preceded by a year (one unit) of high school physics.

(c) *Biology*.—Eight semester hours required, of which four must consist of laboratory work. This requirement may be satisfied by a course of eight semester hours in either general biology or zoology, or by courses of four semester hours each in zoology and botany, but not by botany alone.

(d) *English Composition and Literature*.—The usual introductory college course of six semester hours, or its equivalent is required.

(e) *Nonscience Subjects*.—Of the sixty semester hours required as the measurement of two years of college work, at least eighteen, including the six semester hours of English, should be in subjects other than the physical, chemical or biologic sciences.

(f) *French or German*.—A reading knowledge of one of these languages is strongly urged. If the reading knowledge in one of these languages is obtained on the basis of high school work, the student is urged to take the other language in his college course. It is not considered advisable, however, to spend more than twelve of the required sixty semester hours on foreign languages. In case a reading knowledge of one language is obtained by six semester hours of college work, another six semester hours may be well spent in taking the beginner's course in the other language; if this is followed up by a systematic reading of scientific prose, a reading knowledge of the second language may be readily acquired. When a student spends more than two years in college he may well spend twelve semester hours of his college work in the second language.

REVISION OF THE COUNCIL'S CLASSIFICATION OF MEDICAL COLLEGES

The reorganization of medical education has now advanced to the point where another general classification of medical schools is essential and should be made as soon as circumstances will permit. This reclassification has been considered repeatedly by the Council during the last three years, but each time for good reasons definite action was postponed. Aside from the necessity of this revision on general grounds, it is now of special importance in connection with the recognition of medical schools by the federal service under the regulations of the selective service law. Since the effect of these regulations will be the closure of such institutions as are not considered "well-recognized" because of the drafting of their students, if the war continues any length of time,

it is particularly important that the Council's classification shall be made in strict justice and that it be based on the actual conditions now existing in the schools.

At its February meeting, the Council voted to submit to the House of Delegates, for its approval, a slightly modified basis for the classification of medical schools and asked for authority to proceed with the general reclassification on the new basis. The revised schedule for the grading of medical schools is as follows:

NEW SCHEDULE FOR THE GRADING OF MEDICAL SCHOOLS

Schools will be rated as heretofore on a civil service basis on a scale of 1,000 points. The data relating to each school will be grouped under ten general heads in such manner that the groups will have as nearly equal weight as possible, each group allowing a possible 100 points (10 per cent.) out of a possible 1,000 points (100 per cent.). The revised schedule showing the general heads under which the data will hereafter be arranged are as follows:

1. Character of curriculum, grading of course, sequence of subjects, supervision, administration, etc.
2. Medical school buildings; adaptability, light, heat, ventilation, cleanliness, etc.
3. Laboratory facilities and instruction.
4. Dispensary facilities and instruction.
5. Hospital facilities and instruction in medicine, surgery, obstetrics, and gynecology.
6. Hospital facilities for instruction in medical specialties and provision for clinical clerkships, necropsies, etc.
7. Full-time instructors and assistants with special reference to their special qualifications and evidences of their work, including research.
8. Faculty, number, qualifications and organization of, including the staff of teaching hospitals.
9. Library, museum, charts and special apparatus and evidences of the use made of them.
10. Showing of graduates at state board and other examinations and other evidences by which the training received is indicated.

It will be noted that the question of financial income is not directly referred to in the ten heads outlined. It is quite evident, however, that no college can secure an adequate num-

ber of expert full-time teachers, provide well equipped laboratories, library and museum, and be conducted in accordance with present-day medical knowledge without a liberal income in addition to students' fees.

Class A Colleges will, as heretofore, be those which are acceptable; Class B, those which, under their present organization, give promise of being made acceptable by general improvements, and Class C those which (a) require a complete reorganization to make them acceptable; (b) which do not keep satisfactory records of their students in regard to entrance requirements, attendance, grades in courses, division into classes and reasons for promotion; (c) which do not enforce their requirements in regard to admission (including those admitted to advanced standing), promotion and graduation; (d) which give the major portion of their instruction after 4 o'clock in the afternoon; (e) which are privately owned and conducted for profit, and (f) which for other specific reasons are not eligible for inclusion in Class B.

CONTINUOUS SESSIONS IN MEDICAL SCHOOLS

At the conference held in February, the chairman of the Council who is a member of the Surgeon-General's staff at Washington, presented a scheme for a continuous session in medical schools. The scheme outlined, suggested that for the duration of the war, each year be divided into three periods, of four months each, these sessions beginning in October, February and July of each year. It was shown that the student could enter on the study of medicine at the beginning of any one of these periods and continue for eight successive periods of four months each, at which time he would graduate and enter on an intern service of one calendar year. This would require just four calendar years when he would be ready for active service with the Army. It was argued that by the adoption of this or some similar scheme the summer periods heretofore looked on as vacation time would be utilized; the extensive teaching plants would be kept in continuous operation, and students would be graduated from nine to twelve months earlier than under the methods heretofore prevailing. Under this scheme the present junior class would be graduated four months earlier; the present sophomore class would be graduated eight months earlier, and the present freshman class would be graduated a year earlier than under the former method. It was argued also that since there would be no vacations for the boys in the trenches, or for the medical officers in the service, there appeared to be

no reason why those remaining at home in the enlisted reserve corps, or on the teaching staffs should not utilize the summer months to good advantage. The Council, however, is not unanimously in favor of the continuous session, since one member believes that the speed of production gained would not compensate for the loss of the thoroughness in teaching and the drain on the students health. It is stated that at McGill and Toronto Universities in Canada the system has been abandoned excepting for the last year students.

PRESENT SCOPE OF THE COUNCIL'S WORK

During the fourteen years since the Council on Medical Education was established its work has developed and broadened under the direction of the secretary of the Council:

(a) Statistics are collected each year regarding the successes and failures of physicians at examinations conducted by state medical licensing boards. This material is tabulated and published in April each year in the State Board Number of THE JOURNAL.

(b) Statistics are collected each year in regard to medical colleges, students and graduates in the United States and Canada. These statistics are tabulated and published in August each year in the Educational Number of THE JOURNAL. Information also in regard to foreign medical colleges is being regularly obtained and kept on file.

(c) During the last five years the secretary of the Council has also had supervision of the American Medical Directory. This is a logical arrangement since so much of the data going into it is regularly obtained by the Council.

(d) The biographical index of physicians of the United States, which was begun with the publication of the American Medical Directory, is now under the direction of the secretary of the Council. Official information in regard to the graduation and licensing of each physician, which is regularly obtained, enables the Council to keep the biographical index of physicians up to date. This file now contains cards for 152,000 physicians of the United States and Canada.

(e) Since 1910 a register of medical students has been kept by the Council. This consists of an index showing full data regarding medical students from the time they enter the medical school. When the student has graduated, has obtained a license and has secured a location, his card is transferred to the biographical index of physicians. The information in this file is such that, should the records in

any of the colleges be destroyed by fire or otherwise, the Council could replace the essential data regarding the students.

(f) The "Personal File" of information regarding physicians has thus far been kept up by various departments of the Association, but has always been an important adjunct to the biographic index of physicians. Recently, through the urging of the Federation of State Medical Boards, arrangements have been made to enlarge this file, so as to make the Council's headquarters a central bureau of information, especially in regard to illegal practitioners of medicine.

(g) The Council keeps in touch with all state licensing boards, noting changes in the personnel of those boards and in the requirements regulating the practice of medicine in the various states, particularly in regard to the educational standards enforced. At certain intervals information regarding the requirements to practice medicine in foreign countries is also obtained, through the American ambassadors or consuls in those countries. On the basis of this information a book of "Laws (Abstract) and Board Rulings Regulating the Practice of Medicine in the United States and Elsewhere" is compiled by the Council and published each year.

(h) Three tours of inspection of all the medical colleges in the United States have been completed, and of certain medical colleges six or more inspections have been made. Of the medical schools of Canada, two tours of inspection have been made. The classification of medical schools is published at frequent intervals in *The Journal of the American Medical Association* and in pamphlets. It is revised each year in accordance with changes made in the ratings of individual colleges.

(i) The Council conducts an annual conference on medical education and licensure. The conference has grown until it has drawn to it the annual meetings of other educational agencies, resulting in what might be termed an annual congress on medical education and licensure. This congress is now participated in by the Council, the Association of American Medical Colleges and the Federation of State Medical Boards of the United States. Other educational bodies are also holding meetings during the time of the conference. This annual conference has been the "open forum" where educational standards and other problems relating to medical education have been brought up for discussion. These conferences have resulted in securing united action

by the various agencies interested in medical education, which accounts partly for the rapid progress since the Council was organized.

(j) From the beginning of this work the Council has carried on a campaign for higher standards of preliminary education, not only with medical colleges but also with state licensing boards.

(k) Since 1913, of the annual reports of the United States Bureau of Education, the chapter on medical education has, on request, been furnished by the secretary of the Council.

(l) The improvements resulting from the Council's work, through its conferences, its classifications of colleges and its campaign for standards of education, has made the Council an important factor in the standardization of high schools, and, more recently, of colleges of arts and sciences. Several years ago an effort was made to ascertain whether an education in an approved four-year high school was actually being required for admission by medical schools. More recently, under the increased entrance standard, it became equally essential to ascertain whether the medical school was actually requiring two years of work in an approved college of arts and sciences. In 1912 the secretary of the Council collected the material for the preparation of a list of approved high schools, the list to include only those high schools which were accredited by the various state universities. It was found unnecessary to continue that work, however, since Dr. Kendric C. Babcock, then specialist in higher education of the United States Bureau of Education, consented to take it up. During the last two years the Council has compiled a list of approved colleges of arts and sciences, basing that approval on the list of colleges approved by standardizing agencies in whose methods the Council has confidence. This list by the Council may also be unnecessary at a later time when the Bureau of Education or other agencies shall be in position to compile such a list and keep it up to date.

(m) At the beginning of its work the Council published two standards, one for immediate adoption by the medical schools and state boards. The first was for immediate adoption and advocated a four-year high school education, a four-year medical course, and an examination for the license to practice. The second, then termed the "ideal" standard, advocated a year of preliminary collegiate preparation, including courses in physics, chemistry and biology, a four-year medical course and a year's internship in a hospital,

preceding the examination for the license. This ideal standard has been exceeded in the matter of preliminary requirements, since two years of college work, instead of one, has proved to be the most satisfactory arrangement in this country. There remains the general adoption of the hospital intern year to entirely fulfill the requirements of the ideal standard suggested by the Council in 1905. Special effort in this direction is now being made. In 1914 a list of hospitals considered in position to furnish acceptable internships was prepared and published. During 1915 this list was carefully reviewed by state advisory committees and in 1916 a revised edition was published. At the annual meeting in 1917 the House of Delegates adopted the recommendation of the Reference Committee on Medical Education that \$2,500 a year for three years be appropriated to further the work of investigating and standardizing hospitals. This increased appropriation has been granted by the board of trustees. The work will be advanced, therefore, definite standards will be fixed and a limited amount of hospital inspection will be done. In this work, the Council will cooperate with medical colleges, state licensing boards and other interested agencies.

(n) The Council has naturally kept itself fully informed regarding the various medical cults and has been in position to furnish reliable information in regard to them where such information was needed. Most of the cult schools have been inspected and first hand information regarding them is available, especially in regard to some of them which during the last year or so have received the legal right to grant M.D. degrees. On account of (a) the lack of, or exceedingly low entrance requirements; (b) the lack of teachers who have had a complete medical training; (c) the failure to study and recognize the various factors entering into the causation of diseases; (d) the resulting failure to ascertain the effective therapeutic measures which might be used, and (e) the lack of adequate laboratories, laboratory equipment, hospitals and clinical material—on account of all these deficiencies, no cult college could be considered as equal to the average medical college rated in Class C. The chief objection to the medical cult colleges has not been to the medical cults *per se*, but to their lack of, or seriously low educational standards.

(o) The headquarters of the Council have, in fact, become a clearing house of information in regard to medical education, medical licensure, medical cults and other matters pertaining to these subjects. The Council has at its head-

quarters information which cannot be obtained in any other place. The use which state boards and others are making of this information has grown tremendously, as indicated by the voluminous correspondence that comes regularly to the headquarters of the Council. A tremendous amount of information goes also to prospective medical students and the demand for the pamphlet entitled "Making the Right Start," which was prepared especially for prospective medical students, has been constantly increasing. The volume of correspondence required to answer inquiries is already large and is steadily increasing. Much of the information is now regularly published in the *Monthly Bulletin* of the Federation of State Medical Boards, which goes to all members of all state boards.

THE COUNCIL'S PERMANENT FILES

The files of data at the headquarters of the Council are as follows:

(a) Announcements of medical schools of the United States: These files are being kept up to date and so far as possible back numbers of the announcements of schools have been obtained. Catalogues of many of the foreign medical schools are also on file.

(b) Lists of medical graduates: This file consists of alumni lists, either in printed or card index form, which are complete for all schools existing as well as for the majority of schools which have become extinct. For the extinct schools our information is occasionally being added to and our files are gradually becoming more complete.

(c) Information in regard to foreign medical colleges, foreign graduates and the legal requirements for practice abroad.

(d) Biographical index of physicians of the United States and Canada. Every card shows the personal and educational history of each physician. Official data regarding the medical graduation and licensure of each physician is shown.

(e) Biographical card index of medical students enrolled in the medical colleges of the United States and Canada. Reports are received each year which keep this index up to date.

(f) Data obtained from the inspections of all medical colleges.

(g) Miscellaneous pamphlets bearing on medical education.

(h) Catalogues and other information in regard to medical cults. Much information has been obtained by actual inspection.

THE COUNCIL'S WORK AND THE WAR

As already stated, by the time this country entered the world war the reforms among medical colleges had made sufficient progress that for several years most of the medical graduates had benefitted from the improved conditions in medical schools, such as the higher entrance requirements, the more skilled teachers, the better laboratories and laboratory equipment, the better clinical material and the greatly improved methods of medical teaching. It is the graduates of the last several years also, who, in largest proportions, have entered the government medical services. But the Council and the information it has collected have rendered other important services to the government, which are briefly enumerated as follows:

(a) When the selective service law was enacted, it made no provision for the exemption of medical students. In the Medical Students' Register, the Council had the home addresses of the majority of the students enrolled during 1916-1917, and was able by direct correspondence to secure reliable information showing the proportion of students who would be taken by the draft. The data collected had much to do with the provision made later whereby drafted students were permitted to enter the enlisted reserve corps and to remain in the medical colleges until they should complete their medical training.

(b) Only such students were eligible for admission to the enlisted reserve corps as were enrolled in "well-recognized" medical colleges, which were defined as those recognized by the majority of state medical licensing boards. The only information immediately available by which it could be decided which colleges were so recognized, was Table D published last year in State Board Statistics (similar to Table 1 in this report) and which was based on reports signed by the various state board officers.

(c) The Council's files of information in regard to medical colleges were also placed at the disposal of the Surgeon-General, and the secretary of the Council has cooperated in inspecting and furnishing reports to the Surgeon-General regarding a number of medical schools.

(d) The biographical information in the files at the Council's headquarters has been used for the Surgeon-General in

checking the qualifications of applicants for the medical reserve corps before commissions were granted. That information has also made possible the compilation and publication of the Honor Roll of Physicians in the campaign for the enlistment of additional medical officers.

(c) The Council's files of information in regard to standards of preliminary and medical education have likewise been utilized by the Surgeon-General's Office. This information included, also, a list of the approved colleges of arts and sciences and a list of hospitals considered in position to furnish acceptable internships, both of which lists were compiled by the Council.

IN CONCLUSION

The above outline of the Council's work shows the character of the information gathered and the great service it has rendered to the public, to the medical profession, and, more recently, to the government. Some idea, also, can be formed of the influence which, through its Council on Medical Education, the American Medical Association is wielding in the educational world. Through the work of the Council the medical profession is being recreated by shutting off the supply from low grade colleges and increasing the output of high grade, well equipped colleges. Under the increased standards of preliminary education and the highly improved methods of teaching, the entire medical profession will be on a much higher plane of education, culture, training and technical skill than has ever before been true. This will place so wide a zone between the qualifications of physicians and those of followers of the various cults, that all laymen of average intelligence will be able to note the difference. Of more importance, however, because of this successful campaign for an improved medical education, the average physician will be able to render a far better service to the public and to the soldiers and sailors who are fighting with our allies in the world war.

Respectfully submitted,

Council on Medical Education,

H. D. ARNOLD, Chairman

R. C. COFFEY

W. D. HAGGARD

WILLIAM PEPPER

HARRY GIDEON WELLS

N. P. COLWELL, Secretary

Report of the Council on Scientific Assembly

To the Members of the House of Delegates of the American Medical Association:

The Council on Scientific Assembly desires to repeat and to emphasize what it said last year with regard to the number of section meetings in the Scientific Assembly. It will be recalled by those members of this house who were seated at the 1915 session, this same opinion was presented in the excellent report of the special committee on Sections and Section Work: that is, that at our annual sessions too many section meetings are held at the same time. There is no question as to this. The annual sessions of the British Medical Association are often compared with our annual sessions to the advantage or disadvantage of the one or the other, according to the point of view. The British Medical Association is charged with devoting too much time to social functions and renewing acquaintances and too little time to scientific work. We are accused—and the Council on Scientific Assembly believes this is a just criticism—of devoting too much time to scientific work and too little to social enjoyment and getting acquainted with each other.

Your Council is of the opinion that a more effective distribution of time will be presented if the Sections are limited to one meeting a day. Those men who are particularly interested in what they regard as their particular section feel it their duty to attend all the morning and afternoon meetings, any one of which is liable to be extended.

It is a strain to attend every meeting of a section.

It is possible to have too much of a good thing.

There is such a bewildering abundance in the program of the Scientific Assembly that the average man is at a loss to know what section to attend and not infrequently finally ends by not attending any. The man who is faithful to one particular section has no opportunity of attending the meetings of other sections. It would be a good thing for the ophthalmologist if he were free in the morning or the afternoon, to attend the laryngological section and it would do him no harm if he attended the Section on Practice of Medicine or the Section on Nervous and Mental Diseases, or some other; nor would it injure the laryngologist to visit

the ophthalmological section or any of the others. This applies also to the internist, the surgeon, the obstetrician, the neurologist, the dermatologist, in fact to all physicians. Our Scientific Assembly ought to be so conducted that a man would not think he was neglecting the section in which he has an especial interest when he takes time to keep in touch with what is being done in other sections or to meet other physicians outside the sections.

The present division of the Scientific Assembly has developed gradually as a result of groups of men, engaged in a special line of practice, requesting the formation of separate sections for their specialties. At the present time, certain individuals and groups cannot get away from the opinion that the sections are independent organizations to which they belong by virtue of "membership" and to which they must give allegiance. They seem not to realize that there is no provision for affiliation with a section other than that a Fellow registering as in attendance at an annual meeting is privileged to "designate the section in which he wishes to be enrolled," and this is for the purpose of voting for section officers. It should be emphasized that the Scientific Assembly of the American Medical Association is an entity and that the sections are merely parts of a whole.

The Council would not be misunderstood. Allegiance to a particular section is desirable. It has been and is an important factor in developing scientific work.

The Council is gratified to note that in addition to the Section on Ophthalmology, which by the standing rules of the section has limited the number of papers admissible to its program for any annual session to twenty-five, the Section on Practice of Medicine took action last year fixing twenty as the maximum number of contributions to be listed on its program.

FRIDAY MEETINGS OF THE SCIENTIFIC ASSEMBLY

The Council desires to lay stress on the importance of the sections arranging attractive programs for the meetings of Friday of the week of the annual session. Prior to the annual session of 1917, it was the custom for the Scientific Assembly to close with the Thursday afternoon meetings, the sections listing their papers in not more than five units or meetings. The first of these meetings was held on Tuesday afternoon. Rarely, one or two sections continued through to Friday morning. Apparently, when the opening meeting of the

sections was fixed for Wednesday morning there was a tendency on the part of the sections to make available only the four meetings on Wednesday and Thursday. The Council on Scientific Assembly has endeavored to induce the sections to utilize the two units on Friday for such meetings. It is important that this shall be done in order that the scientific program may be distributed through six units, two each on Wednesday, Thursday and Friday so as to maintain and improve the scientific value of the program and yet permit fewer meetings held simultaneously. With this end in view, the Council on Scientific Assembly has been successful in securing the cooperation between the sections and arranging for a continuation of the program throughout Friday. If the full three days are used for section meetings, it will be very easy to carry out the suggestion that the number of these meetings being held at the same time shall be not more than eight.

MEETINGS OF THE SECTION ON MISCELLANEOUS TOPICS

In accordance with the authority vested in this Council, it has arranged for two series of meetings of the Section on Miscellaneous Topics and has appointed officers for each of these series of meetings. The first series of two meetings under this section is assigned to a discussion of questions relating to the reeducation and reclaiming of the war injured and is being conducted under the chairmanship of Lieut.-Col. Frank Billings, Chicago, who is in charge of this work in the Surgeon-General's Office, with Major James Bordley, Jr., Baltimore, vice chairman, and Major Harry Mock, Chicago, secretary. A second group of meetings of the Section on Miscellaneous Topics is assigned to the discussion of questions pertaining to the execution of the selective service regulations and the Council appointed the following officers for these meetings: Major Hubert Work, Pueblo, Colo., chairman; who is medical aide in Provost Marshal General's Office; Major Reuben Peterson, Ann Arbor, Mich., medical aide to the governor of Michigan; vice chairman, and Major John M. Dodson, Chicago, medical aide to the governor of Illinois, secretary.

Respectfully submitted.

E. S. JUDD, Chairman,
ROGER S. MORRIS,
GEORGE H. SIMMONS,
J. SHELTON HORSLEY,
ALEXANDER R. CRAIG.

**Report of the War Committee of the American
Medical Association**

*To the Members of the House of Delegates of the American
Medical Association:*

The War Committee, constituted by action of the Board of Trustees at its annual meeting held Oct. 19, 1917, and ratified by a postal vote of this House of Delegates, as soon as it was empowered, proceeded to Washington in company with the Editor of THE JOURNAL. On its arrival there, your committee sought and obtained an interview with the Provost Marshal-General and his associates and formally tendered the services of the American Medical Association to that office for such service as the Association could render in the creation of medical advisory boards. The Provost Marshal-General asked the committee to submit a definite working proposition for the formation and supervision of these boards. This the committee did and the general plan was approved by the Provost Marshal-General and afterward adopted.

Your committee then returned to Chicago and arranged a meeting with representatives of the Committee on States Activities, General Medical Board, Advisory Commission, Council of National Defense. At this conference Drs. Edward Martin, Philadelphia; F. F. Simpson, Pittsburgh, and John D. McLean, Philadelphia, announced that they were in position to serve as a committee from this Committee on States Activities to cooperate with the Committee of the American Medical Association and it was agreed that these three, together with the three constituting the American Medical Association committee, should become a joint committee and that it should have authority to name a seventh member. Subsequently, this joint committee met in Washington, D. C., November 1, when the joint committee organized by electing Dr. Edward Martin, Philadelphia, chairman, adding the secretary of the American Medical Association to the committee and selecting him as its secretary.

The joint committee was advised that the Provost Marshal-General desired immediately to have suggested to him for each state the name of a member of, or of a physician who would accept a commission in the Medical Reserve Corps, in order that a request might be made to have these medical officers ordered to active duty as medical aides to the

governors of the states in the erection of the medical advisory boards. The joint committee thereupon proceeded to select a physician in each state to be recommended for this duty. On November 16, the joint committee reconvened in Washington at which time the members representing the American Medical Association were advised by Dr. McLean, Secretary of the Committee on States Activities, Medical Section, Council of National Defense, that it had been found necessary to substitute twenty-four names of men for a like number agreed on at the previous meeting of the joint committee to serve as medical aides to the governors. He further reported that the men who had finally been selected, including the substitutions, had been notified of their appointments and had been ordered to present themselves in Washington to be commissioned and instructed at a conference held on Saturday, November 18. The joint committee was then called into session by Dr. Franklin Martin and the following were added to the committee: Drs. Franklin Martin, ex officio; Charles H. Mayo, President of the American Medical Association, and Robert L. Dickinson, Brooklyn. Just before the adjournment of this last named committee, the chairman of the War Committee of the American Medical Association announced that the Association stood ready to cooperate to further war interests stating definitely that the work volunteered by the Association must be done through its war committee in order to maintain the identity of the organization.

Since this meeting, held from November 16-18, inclusive, no advantage has been taken of the Association's offer to cooperate with the Council of National Defense in the matter of establishing and standardizing the medical advisory boards, or in any other direction.

In January, the War Committee of the American Medical Association learned that the medical aides to the governors were being advised by the Committee on State Activities, General Medical Board, Council of National Defense, that their work had been completed, and that their active duty would cease. An inquiry addressed to the office of the Provost Marshal-General brought a reply stating that under the Selective Service Regulations that office has, under the Secretary of War, sole and exclusive jurisdiction of the administration of the Selective Service Law and the proper steps have been taken to continue the services of medical aides to governors until such time as this office is satisfied that their services are no longer necessary.

At its meeting, held on Feb. 1, 1918, the Board of Trustees further empowered the War Committee to act in cooperation with the Provost Marshal-General's Office, the Surgeon-Generals of the Army and Navy, and such other military offices as may be deemed best in the interest and for the successful conduct of the war, and directed Dr. A. R. Mitchell of Lincoln, Neb., to succeed Dr. E. J. McKnight, deceased, as a member of the War Committee representing the Board of Trustees. It further added to the War Committee as ex officio members thereof, the President and Secretary of the American Medical Association, and the editor of *THE JOURNAL*.

Under date of April 3 the Surgeon-General of the Army addressed the American Medical Association submitting a memorandum of a plan for the utilization of the organization and machinery of the Association, in addition to the activities of the other bodies, viz., the Medical Section of the Council of National Defense and the different sections and organizations of the American Medical Association, for the purpose of securing future increment to the Medical Reserve Corps and for keeping the numerical strength of the Corps up to the requirements of the service. This plan contemplates a close cooperation between the office of the Surgeon-General and the officials of the American Medical Association, through the officials of the different state and county medical societies and through the different section organizations of the American Medical Association. On receipt of this communication, the War Committee convened in Chicago, April 16, and by formal action undertook the task assigned to it by the Surgeon-General of the Army, and issued a statement announcing its action and declaring its confident anticipation of the hearty, active, patriotic cooperation of all physicians for the successful accomplishment of the task. Immediately, a call was issued for a conference of the secretaries of the constituent state associations which was held at the headquarters of the Association in Chicago on April 30.

At this conference, thirty-eight constituent state associations were represented by their secretaries or an accredited alternate. Dr. Thomas McDavitt, secretary of the Minnesota State Medical Association and chairman of the Board of Trustees, was elected chairman of the conference and the entire day was devoted to the discussion of how the organized medical profession can be utilized effectively for the winning of the war and, specifically, how the American Medical Association, its constituent state associations and their component

county societies can assist in enrolling the required increments for the Medical Corps of the Army and Navy. On the adjournment of the conference, the secretaries of the state associations returned to the several states with the determination to coordinate the forces of the organized medical profession in their states with other agencies working with similar objects.

To determine to what extent the medical profession in various parts of the country had met its responsibility to the government the War Committee published in *THE JOURNAL* for June 1 a survey or Honor Roll of the medical profession of the United States. This survey presented under each state a table which showed important facts regarding each county in the state: the area, population, total number of physicians, number of physicians under 45 and under 55 years of age, number of women physicians, number of physicians members of the county society, and the number of physicians under commission in the Army and in the Navy. In addition to this table, there was published for each state, under the counties and postoffices the names of all those physicians of the state, who had accepted commissions in the Medical Reserve Corps of the Army and Navy or who were in active service in the Medical Department of the Federalized National Guard. The published list did not include the names of the members of the regular Medical Corps, those who had been commissioned in the Reserve Corps but who had not accepted their commissions, nor those who were serving as contract surgeons. This Honor Roll has proved effective in stimulating applications of commissions in the Medical Reserve Corps. The War Committee, with the cooperation of the war committees of the state associations and of the county societies, is confident that the increments for the Medical Corps of the Army and Navy which are or will be required will be supplied. Your committee is gratified to note the prompt and altruistic response of the profession to every appeal which the American Medical Association has made to the medical profession of the United States to serve in winning the war.

Respectfully submitted,

	HUBERT WORK, Chairman,
	M. L. HARRIS,
	A. R. MITCHELL,
Ex-officio {	CHARLES H. MAYO, President,
	A. R. CRAIG, Secretary,
	GEORGE H. SIMMONS,
	Editor of <i>THE JOURNAL</i> .

Constitution and By-Laws

OF THE

American Medical Association

**REVISION OF 1917
AND
STANDING RULES**

Constitution and By-Laws of the American Medical Association

1917

Constitution

ARTICLE 1.—TITLE

The name and title of this organization shall be
THE AMERICAN MEDICAL ASSOCIATION.

ARTICLE 2.—OBJECT

The object of this Association shall be to promote the science and art of medicine. Contributing to this end, the Association shall endeavor to unite into one compact organization the medical profession of the United States for the purpose of fostering the growth and the diffusion of medical knowledge, of promoting friendly intercourse among American physicians, of safeguarding the material interests of the medical profession, of elevating the standard of medical education, of securing the enactment and the enforcement of just medical laws, of enlightening and directing public opinion in regard to the broad problems of hygiene, and of representing to the world the practical accomplishment of scientific medicine.

ARTICLE 3.—MEMBERSHIP

The membership of this Association shall consist of the members in good standing in its constituent state and territorial associations.

There shall be conducted by the American Medical Association a Scientific Assembly, in which all members of the Association who qualify as hereinafter provided in the By-Laws as Fellows of the American Medical Association shall be privileged to participate.

ARTICLE 4.—CONSTITUENT ASSOCIATIONS

State and territorial medical associations which have, or which hereafter may, become organized in accordance with the general plan of organization of the American Medical Association, and which have declared by resolution their allegiance to the said American Medical Association, and which shall agree with other state and territorial medical associations to the formation and the perpetuation of the House of Delegates of the American Medical Association shall be recognized as Constituent Associations on acceptance of their applications for recognition by the House of Delegates; provided, however, that the term territorial associations shall be held to include the associations of the District of Columbia, of the Canal Zone, and of the insular possessions of the United States.

ARTICLE 5.—HOUSE OF DELEGATES

SECTION 1.—There shall be a business body known as the House of Delegates of the American Medical Association. It shall consist of delegates elected by the constituent associations and by the scientific

sections of the American Medical Association, and appointed by the Surgeons-General from the medical departments of the Army, Navy and the United States Public Health Service, in accordance with the by-laws hereinafter provided: Provided, however, that no Constituent Association, scientific section of the American Medical Association, or medical department of the Army, Navy or the United States Public Health Service may be represented in the House of Delegates by a member of the Board of Trustees of the American Medical Association. It shall represent the delegated powers of the members of the American Medical Association, and shall be the national representative body of the Constituent Associations. It shall elect the general officers of the Association and a board of nine Trustees, and shall transact all the general business of the Association of a public, professional, scientific or other nature that is not otherwise provided for. The Trustees shall be members of the House of Delegates without the right to vote.

SEC. 2.—The total voting membership of the House of Delegates shall not exceed 150. The medical departments of the Army and of the Navy, and the United States Public Health Service and the scientific sections shall each be entitled to one delegate, and the remainder shall be apportioned among the Constituent Associations in proportion to their actual active membership as hereinafter provided in By-Laws.

ARTICLE 6.—SECTIONS

In order to systematize the scientific work of this Association, there shall be formed sections, each of

which shall be devoted to one of the recognized branches into which the science and art of medicine are for convenience divided. New sections may be created or existing sections discontinued by the House of Delegates.

ARTICLE 7.—BRANCHES

The House of Delegates may create such branch organizations as may be deemed essential to promote the welfare of the medical profession.

ARTICLE 8.—ANNUAL SESSIONS

The Association shall hold an annual session at a time and place to be fixed by the House of Delegates. The time and place of the session may, however, be changed by the unanimous action of the Board of Trustees at any time prior to two months before the time selected for the session. The annual session may be held at any place in the United States.

ARTICLE 9.—GENERAL OFFICERS

SECTION 1.—The general officers of the Association shall be a President, four Vice Presidents, a Secretary, a Treasurer, and a Chairman and a Vice Chairman of the House of Delegates.

SEC. 2.—These officers shall be elected annually by the House of Delegates, to serve for one year, or until their successors are elected and installed.

SEC. 3.—No member of the House of Delegates shall be eligible to the office of President or Vice President.

ARTICLE 10.—BOARD OF TRUSTEES

SECTION 1.—The Board of Trustees shall have charge of the property and of the financial affairs of the Association.

SEC. 2.—Three Trustees shall be elected annually by the House of Delegates, each to serve for a period of three years. No Trustee shall be eligible to any other elective office, the term of which runs concurrently with the term for which the said Trustee has been elected.

ARTICLE 11.—FUNDS

Funds shall be raised by an equal assessment of not more than ten dollars annually on each of the members; from the Association's publications, and in any other manner approved by the Board of Trustees. Funds may be appropriated by the Board of Trustees to defray the necessary expenses of the Association; to enable standing committees to fulfil their respective duties and to conduct their correspondence; to encourage scientific investigations by the giving of prizes and awards of merit; to carry on its publications, and for any other purpose approved by the Board of Trustees or recommended by the House of Delegates.

ARTICLE 12.—AMENDMENTS

The House of Delegates may amend any article of this Constitution at any annual session, provided that the proposed amendment shall not be acted on until the next annual session following that at which it was introduced, and providing that three fourths of the voting members of the House of Delegates registered at the session at which action is taken vote in favor of such change or amendment.

By-Laws

BUSINESS AND LEGISLATION

CHAPTER I.—QUALIFICATIONS, TERM, APPORTIONMENT AND REGISTRATION OF DELEGATES

**SECTION 1. DELEGATES MUST HAVE BEEN FELLOWS
OF THE AMERICAN MEDICAL ASSOCIATION TWO YEARS.**
—No one shall serve as a member of the House of
Delegates who has not been a Fellow of the Ameri-
can Medical Association for at least the two years
immediately preceding the meeting of the House of
Delegates at which he is to serve.

SEC. 2. TERM.—Delegates and alternates from
constituent associations shall be elected for two years.
Constituent associations entitled to more than one
representative shall elect them so that one-half, as
near as may be, shall be elected each year. Delegates
and alternates elected by the sections, or delegates
appointed from the United States Army, United
States Navy and United States Public Health Ser-
vice shall hold office for one year.

SEC. 3. APPORTIONMENT OF DELEGATES.—At the
annual session of 1903, and every third year there-
after, the House of Delegates shall appoint a com-
mittee of five on reapportionment, of which the
President and the Secretary shall be members. The
committee shall apportion the delegates among the

constituent associations in accordance with Article 5, Section 2, of the Constitution, and in proportion to the membership of each constituent association on April 1 of each year in which the apportionment is made, as shown by the certificates of membership submitted by the secretaries of the constituent associations. This apportionment shall take effect at the annual session next succeeding that at which it is made, and shall prevail until the next triennial apportionment, whether the membership of the constituent association shall increase or decrease.

SEC. 4. REGISTRATION OF DELEGATES. — Each delegate, before being seated, shall deposit with the committee on credentials a certificate signed by the secretary under the seal of the constituent association stating that he has been legally and regularly elected a delegate to the American Medical Association. Each delegate from a section shall present credentials signed by the chairman and the secretary of the section which he represents. Each delegate from a government service shall present credentials from the Surgeon-General of the department which he represents.

SEC. 5. A DELEGATE, ONCE SEATED, TO RETAIN HIS SEAT FOR THE ENTIRE SESSION. — The credentials of a delegate having been accepted by the committee on credentials and his name placed on the roll of the House, he shall remain the duly accredited delegate of the body which he represents until final adjournment of the session, and his place shall not be taken by any other delegate or alternate.

CHAPTER II.—PROCEDURE OF HOUSE OF DELEGATES

SECTION 1. ORDER OF BUSINESS.—The following shall be the order of business, unless otherwise ordered:

1. Call to order by the Chairman.
2. Roll call.
3. Reading and adopting the minutes.
4. Reports of officers.
5. Reports of committees.
6. Unfinished business.
7. New business.

SEC. 2. LIMIT OF TIME FOR INTRODUCTION OF NEW BUSINESS.—No new business shall be introduced in the House of Delegates after the second day of the Annual Session of the House of Delegates unless by unanimous consent; and such new business, so presented, shall require a two thirds affirmative vote for adoption; provided, however, that unless otherwise provided in these by-laws, new business referred to the House of Delegates by the Board of Trustees, the officers of the sections, or formal action of the sections themselves, may be presented to the House of Delegates at any meeting preceding that designated in these by-laws as that at which the election of officers shall take place.

SEC. 3. RULES OF ORDER.—The House of Delegates shall be governed by Robert's Rules of Order when not in conflict with these by-laws or with the rules of the House.

SEC. 4. QUORUM.—Twenty voting members of the House of Delegates shall constitute a quorum for the transaction of business.

CHAPTER III.—MEETINGS OF THE HOUSE OF DELEGATES

SECTION 1. REGULAR SESSIONS.—The House of Delegates shall meet annually on the Monday preceding the opening of, and at the same place as, the Scientific Assembly of the Association.

SEC. 2.—SPECIAL SESSIONS.—Special sessions of the House of Delegates shall be called by the Chairman on written request of at least twenty-seven delegates, representing a majority of the constituent associations. When a special session is called by the Chairman, the Secretary shall mail a notice to the last known address of each member of the last House of Delegates at least twenty days before such special session is to be held, in which notice shall be specified the time and place of meeting and the objects of such special session. No other business shall be transacted at the special session than that specified in the call.

CHAPTER IV.—NOMINATION AND ELECTION OF OFFICERS, ASSOCIATE AND HONORARY FELLOWS,
INSTALLATION OF OFFICERS

SECTION 1. NOMINATIONS.—Nominations for office shall be made orally, but a nominating speech must not exceed two minutes. The Treasurer shall be nominated by the Board of Trustees. No member of the House of Delegates shall be eligible to the office of President or Vice President, nor shall a member of the Board of Trustees be eligible for election to any other elective office, the term of which runs concurrently with the term for which the said Trustee has been elected.

SEC. 2. METHOD OF HOLDING ELECTIONS.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all the votes cast, when he shall be declared elected.

SEC. 3. TIME OF ELECTION.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the afternoon of the fourth day of the annual session of the House of Delegates (the second day of the Scientific Assembly).

SEC. 4. OFFICERS OF THE HOUSE OF DELEGATES.—The House of Delegates shall annually elect a Chairman and a Vice Chairman, these officers to serve for one year, or until their successors are elected and installed. These officers must be Fellows, and must have been Fellows of the American Medical Association for at least the two years immediately preceding their election to this office. They need not, however, be members of the House of Delegates, but they shall possess all powers of the presiding officer of that parliamentary body. These elections shall follow the election of the Treasurer of the Association.

SEC. 5. AFFILIATE, ASSOCIATE AND HONORARY FELLOWS.—Applications for Associate Fellowship from foreign physicians must be approved by the Judicial Council; applications from dentists must be approved by the Section on Stomatology, from phar-

macists by the Section on Pharmacology and Therapeutics, and from representative teachers and students of science allied to medicine by the officers of a section.

Nominations for Affiliate Fellowship shall be made by the Council of the constituent association within the jurisdiction of which the nominee is resident, and nominations for Honorary Fellowship shall be made by the sections, and must be submitted to the House of Delegates not later than the second day of the Scientific Assembly. These applications and nominations shall be referred without debate to the Council on Scientific Assembly, which shall consider the scientific attainments and professional character of the applicants and report to the House of Delegates.

The election of Affiliate, Associate and Honorary Fellows shall immediately follow the election of officers. Not more than three Honorary Fellows shall be elected in any one year.

SEC. 6. INSTALLATION.—The general officers of the Association, except the President, shall assume their duties at the close of the last meeting of the annual session at which they are elected.

SEC. 7. INSTALLATION OF THE PRESIDENT.—The President shall be installed at the general meeting of the annual session following that at which he was elected.

CHAPTER V.—DUTIES OF OFFICERS

SECTION 1. PRESIDENT.—The President shall preside at the general meeting. At the general meeting of the Scientific Assembly following his election he shall deliver an address on such matters as

he may deem of importance to the Association. He may at any time make suggestions in writing to the House of Delegates or to any special or standing committee.

SEC. 2. VICE PRESIDENTS.—The Vice Presidents shall assist the President in the performance of his duties; during his absence, or at his request, one of them shall officiate in his place. In case of the death, resignation or removal of the President, the vacancy shall be filled by the ranking Vice President.

SEC. 3. CHAIRMAN OF THE HOUSE OF DELEGATES.—The Chairman of the House of Delegates shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require. He may at any time make suggestions in writing to the House of Delegates.

SEC. 4. VICE CHAIRMAN OF THE HOUSE OF DELEGATES.—The Vice Chairman of the House of Delegates shall officiate in the place of the Chairman during his absence or at his request. In case of the death, resignation, or removal of the Chairman, the vacancy shall be filled by the Vice Chairman.

SEC. 5. SECRETARY.—The Secretary shall give due notice of the time and place of all annual and special sessions of the Association and of the House of Delegates in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. He shall send an official notice of each annual or special session to the secretary of each constituent association and to the secretary of each section. He shall keep the minutes of the House of Delegates. He shall notify members of committees of their appointment and of the duties assigned them. He shall verify the credentials of the members of the

House of Delegates and shall provide a registration book in which shall be recorded the name of each delegate in attendance at each session, together with that of the association, government service or section which he represents. He shall prepare a roll of the delegates attending each session, to facilitate voting by roll call. He shall prepare for publication the official program of each Scientific Assembly, and shall perform such other duties as may be directed by the House of Delegates, or the Board of Trustees.

SEC. 6. TREASURER.—The Treasurer shall be the custodian of all moneys, securities and deeds belonging to the Association which may come into his possession, and shall hold the same subject to the direction and disposition of the Board of Trustees. He shall give to the Board of Trustees a suitable bond for the faithful performance of his trust, and shall receive for his service a salary to be fixed by the Board of Trustees.

SEC. 7. OFFICERS TO COMPLETE BUSINESS OF SESSION.—All business of each annual session shall be completed by the officers (including section officers) who have served through the session.

CHAPTER VI.—BOARD OF TRUSTEES

SECTION 1. BOARD OF TRUSTEES.—The Board of Trustees shall have charge of all properties and of the financial affairs of the Association. At the first meeting of the Board after the annual session of the Association, it shall organize by electing a chairman and secretary, and the chairman shall appoint such committees as may be necessary or

desirable. It shall be the duty of this Board to provide for and to superintend the publication of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, and of all proceedings, transactions and memoirs of the Association. It shall have full discretionary power to omit from THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, in part or in whole, any paper that may be referred to it by any of the sections. It shall appoint a general manager and an editor of THE JOURNAL, which two positions may be held by one person, and such assistants as may be necessary, and shall determine their salaries and the terms and conditions of their employment. All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees before the same shall become effective. During the annual session of the Association the Board shall hold meetings as often as may be deemed necessary by the chairman, and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours, if so requested by the House. The Board of Trustees shall have the accounts of the Treasurer and of THE JOURNAL office audited annually or oftener, if deemed necessary, and shall make an annual report on the same to the House of Delegates, which report shall also specify the character and cost of all the publications of the Association during the year and the amount of all property belonging to the Association. In case of a vacancy in the office of Treasurer or Secretary, on account of death or otherwise, the vacancy shall be filled by the Board of Trustees until the next annual session of

the House of Delegates. The Board of Trustees shall fix the salary of the Secretary and of the Treasurer. Regular meetings of the Board shall be held immediately after the annual session of the Association, and on the first Friday in the month of February of each year. Special meetings of the Board may be called at any time by the chairman, or by five members of the Board, by mailing a written or printed notice to the last known address of each trustee, at least five days before such meeting is to be held, in which shall be specified, in general terms, the object of such special meeting, and no other business shall be transacted thereat; provided, that if at any time a meeting of the Board be held at which all the trustees are present, or the proceedings of which are approved in writing by every member of the Board, said meeting and proceedings shall be valid, without any previous notice having been given. Five members of the Board shall constitute a quorum. During the intervals between the sessions of the House of Delegates the Board of Trustees shall supervise the action of committees constituted by the action of the House.

SEC. 2. TRUSTEES TO CONTROL SESSION.—The Board of Trustees shall have full control of all arrangements for the annual sessions and shall provide meeting places for the Association, House of Delegates and the various sections. It shall also have control of all exhibits. The Board of Trustees, in their discretion, may appoint a local committee of arrangements, which shall be at all times under the control of the Board of Trustees.

CHAPTER VII.—COMMITTEES

SECTION 1. CLASSIFICATION OF COMMITTEES.—Committees shall be classified as (a) Standing Committees, (b) Reference Committees, and (c) Special Committees. The standing committees shall be nominated by the President and elected by the House of Delegates, unless otherwise provided for in these By-Laws. Reference and special committees shall be nominated by the Chairman of the House of Delegates, and elected by the House of Delegates unless otherwise provided for in these By-Laws. Any of these committees acting during the interval between the sessions of the House of Delegates shall be subject to the Board of Trustees. In case of vacancies in committees occurring during the interval between annual sessions, the President or the Chairman of the House of Delegates, according to the committee on which said vacancies occur, shall have the power to appoint Fellows to fill the vacancies until the next annual session.

SEC. 2. MEMBERSHIP OF COMMITTEES.—Any Fellow of the Association shall be eligible to serve on standing or special committees. Reference Committees shall be appointed from the members of the House of Delegates. All members of committees who are not members of the House of Delegates shall have the right to present their reports in person to the House of Delegates and to participate in the debate thereon, but shall not have the right to vote. The House of Delegates may recall the election of any officer or the appointment of any member of a committee or Council at any session by a two-thirds vote of the members of the House of Dele-

gates present and voting, provided that no motion for recall shall be acted on till the day following that on which it is introduced.

SEC. 3. STANDING COMMITTEES.— Standing committees shall be the following:

- (a) Judicial Council.
- (b) Council on Health and Public Instruction.
- (c) Council on Medical Education.
- (d) Council on Scientific Assembly.
- (e) Committee on Red Cross Medical Work.

SEC. 4. JUDICIAL COUNCIL.—The Judicial Council shall consist of five Fellows, who shall be nominated by the President and elected by the House of Delegates. At the annual session in 1911 one member of the Council shall be elected to serve for five years, one for four years, one for three years, one for two years and one for one year, and thereafter one member of the Council shall be elected each year to serve for five years. It shall select a chairman from its membership. The Secretary of the Association shall be, *ex officio*, Secretary of the Council. It shall expend money and contract debts only on the authority of the Board of Trustees. It shall keep a permanent record of its action at its office, which shall be at the headquarters of the Association. It shall make an annual report of its decisions and the results of its investigations to the House of Delegates.

The judicial power of the Association shall be vested in the Judicial Council, whose decision shall be final. This power shall extend to and include (1) all controversies arising under this Constitution and By-Laws to which the American Medical Asso-

ciation is a party; and (2) controversies (a) between two or more recognized constituent associations, (b) between a constituent association and a component society (or component societies) of another constituent association (or other constituent associations) or a member (or members) of another constituent association (or other constituent associations), and (c) between members of different constituent associations. In all these cases the Judicial Council shall have original jurisdiction.

In all cases which arise (a) between a constituent association and one or more of its component societies; (b) between component societies of the same constituent association; (c) between a member or members and the component society to which said member or members belong, or (d) between members of different component societies of the same constituent association, the Judicial Council of the American Medical Association shall have appellate jurisdiction in questions of law and procedure but not of fact.

The constituent associations herein referred to are those defined in Article 4 of the Constitution, and the component societies are the county or district medical societies which unite to support and maintain the several constituent associations.

The Judicial Council may, at its discretion, investigate general professional conditions and all matters pertaining to the relations of physicians to one another and to the public, and shall make such recommendations to the House of Delegates and the constituent associations as it deems necessary.

SEC. 5. COUNCIL ON HEALTH AND PUBLIC INSTRUCTION.—There shall be a Council on Health and Public Instruction to consist of five Fellows, to be elected by the House of Delegates, upon nomination by the President. Those first elected shall serve one for one year, one for two years, one for three years, one for four years and one for five years, and their respective terms of service shall be determined by lot. Thereafter one member of the Council shall be elected annually, on nomination by the President, to serve five years. The Council shall organize and shall elect a chairman from its number. The Board of Trustees shall appoint a secretary on nomination by the Council, and shall fix his salary.

The Council shall adopt such rules and regulations for the government of its actions as it may deem expedient. It shall expend money or contract financial obligations only as shall be authorized in writing by the Board of Trustees. The work of the Council shall embrace the following subjects: (1) Legislation. (2) Public Instruction. (3) Defense of Medical Research. (4) Public Health.

It may appoint committees to carry on the respective purposes of the Council. It shall make an annual report of its work to the House of Delegates. The office of the Council shall be at the headquarters of the Association.

SEC. 6. COUNCIL ON MEDICAL EDUCATION.—The Council on Medical Education shall consist of five Fellows. One member of the Council shall be elected to serve one year, one for two years, one for three years, one for four years, and one for five years. Thereafter one shall be elected each year to serve

five years. The Council shall organize, shall elect a chairman and secretary, and shall adopt such regulations for the government of its actions as it deems expedient. It shall expend money or contract financial obligations only as shall be authorized in writing by the Board of Trustees.

The functions of the Council on Medical Education shall be: (1) To make an annual report to the House of Delegates on the existing conditions of medical education in the United States. (2) To make suggestions as to the means and methods by which the American Medical Association may best influence favorably medical education. (3) To act as the agent of the American Medical Association under instructions of the House of Delegates in its efforts to elevate the standard of medical education.

SEC. 7. COUNCIL ON SCIENTIFIC ASSEMBLY.—The Council on Scientific Assembly shall consist of four Fellows representing the four main divisions of the Scientific Assembly: Medical Sciences, Medicine, Surgery, the Specialties and the Secretary of the American Medical Association, *ex officio*. One member of the Council shall be elected to serve one year, one to serve two years, one three years, and one four years. Thereafter, one shall be elected each year to serve four years. The Council shall organize and elect its own officers.

The function of the Council on Scientific Assembly shall be: (1) To secure cooperation between the sections. (2) To pass upon questions of policy in relation to section work. (3) To stimulate the development of the sections. (4) To consider at first hand applications for new sections, or for changes

in existing sections, and to report to the House of Delegates. (5) The Council on Scientific Assembly is authorized to appoint officers for the meetings making up the section on miscellaneous topics.

SEC. 8. COMMITTEE ON RED CROSS MEDICAL WORK.—The Committee on Red Cross Medical Work shall consist of three Fellows, one of whom shall be appointed by the President upon the nomination of the Surgeon-General of the Army, one upon the nomination of the Surgeon-General of the Navy, and the third member of the Committee, who shall be its chairman, shall be appointed by the President and nominated to the Red Cross as the representative of this Association on its Relief Board. This Committee is authorized to cooperate with the National Red Cross and shall have advisory supervision over state committees having charge of the same subject and shall be empowered to act for the Association in matters involving medical personnel in times of disaster, provided that it shall expend money or contract financial obligations only as shall be authorized in writing by the Board of Trustees.

SEC. 9. REPORTS OF STANDING COMMITTEES.—Reports of standing committees, so far as possible, shall be transmitted thirty days before the annual session to the Secretary, who shall have them printed for distribution to the members of the House of Delegates.

SEC. 10. SPECIAL COMMITTEES.—Special committees may be created by the House of Delegates to perform the special functions for which they are created. They shall be appointed by the officer pre-

siding over the meeting at which the committee is authorized.

SEC. 11. REFERENCE COMMITTEE.—(a) Immediately after the organization of the House of Delegates at each annual session the Chairman of the House of Delegates shall appoint from among the members of the House such committees as may be deemed expedient by the House of Delegates. Each committee shall consist of five members, unless otherwise provided, the chairman to be specified by the Chairman of the House of Delegates. These committees shall serve during the session at which they are appointed.

(b) To the appropriate committee shall be referred resolutions, measures and propositions presented to the House of Delegates before final action shall be taken, unless otherwise unanimously ordered by the House of Delegates.

(c) Each Reference Committee shall, as soon as possible after the adjournment of each meeting, or during the meeting, if necessary, take up and consider such business as may have been referred to it, and shall report on the same at the next meeting, or when called on to do so. Three members shall constitute a quorum.

(d) The following committees are hereby provided:

(1) A Committee on Sections and Section Work, to which shall be referred all matters relating to the sections and the section work. (The members of the Council on Scientific Assembly shall be members, *ex officio*, of this committee.)

(2) A Committee on Rules and Order of Business, to which shall be referred all matters regard-

ing rules governing the action, methods of procedure and order of business of the House of Delegates.

(3) A Committee on Medical Education, to which shall be referred all matters relating to medical colleges and medical education. (The members of the Council on Medical Education shall be members, *ex officio*, of this committee.)

(4) A Committee on Legislation and Political Action, to which shall be referred all matters relating to state and national legislation, memorials to Legislatures, to the United States Congress, or to the President of the United States. (The members of the Council on Health and Public Instruction shall be members, *ex officio*, of this committee.)

(5) A Committee on Hygiene and Public Health, to which shall be referred all matters relating to hygiene and public health.

(6) A Committee on Amendments to the Constitution and By-Laws, to which shall be referred all proposed amendments to the Constitution and By-Laws. (The members of the Judicial Council shall be members, *ex officio*, of this committee.)

(7) A Committee on Reports of Officers, to which shall be referred the address of the President and of the Chairman of the House of Delegates and the reports of the Secretary and of the Board of Trustees.

(8) A Committee on Credentials, to which shall be referred all questions regarding the registration and the credentials of delegates.

(9) A Committee on Miscellaneous Business, to which shall be referred all business not otherwise disposed of.

Scientific Assembly

MEMBERSHIP AND FELLOWSHIP

CHAPTER VIII.—MEMBERSHIP AND FELLOWSHIP

SECTION 1. MEMBERS.—The members in good standing of the constituent state and territorial medical associations of the American Medical Association shall be members.

SEC. 2. TENURE OF MEMBERSHIP.—Membership in this Association shall continue only so long as the individual is a member in good standing of a constituent association. When the Secretary shall be officially informed by the Secretary of the constituent association through which a member holds membership in this Association that the member is not in good standing, the Secretary shall remove the name of said member from the membership roll of the American Medical Association.

SEC. 3. EFFECT ON MEMBERSHIP OF REMOVAL TO ANOTHER STATE.—A member who changes the location at which he practices medicine, from the state through whose constituent association he holds membership in the American Medical Association to another state in which there is a constituent association, is eligible to membership in the component society of his new location on the presentation of a transfer card and an official statement that his dues have been paid in full in the society in which he holds membership. He shall forfeit his member-

ship in the American Medical Association one year after such change of location, unless he becomes a member of the constituent association of the state to which he has moved. Provided, however, that if the component society into whose territory such member has moved shall refuse him membership, the member shall be privileged to appeal to the Judicial Council of this Association to determine whether or not he be guilty of any act that warrants the enforcement of the provisions of this section. Pending the decision of such appeal he shall retain his membership in the American Medical Association through his original state association. And provided further, that members of a constituent state association who are located for the purpose of practicing medicine in a state adjacent to that through the association of which they hold membership in the American Medical Association, may be continued as members of the American Medical Association, provided the Council of the medical association of the state in which they are practicing medicine waives jurisdiction over the membership of the individual member who holds his connection with the organization through a neighboring constituent state medical association. And provided further, that the term "the practice of medicine" throughout these by-laws shall be held to mean the offering of service or counsel for the relief of those suffering from abnormal physical or mental conditions.

SEC. 4. FELLOWS, AFFILIATE FELLOWS, ASSOCIATE FELLOWS, HONORARY FELLOWS.—Any member of this Association, who on the prescribed form shall apply

for Fellowship and subscribe for **THE JOURNAL**, paying the annual Fellowship dues for the current year, shall be a Fellow.

Commissioned medical officers of the United States Army, United States Navy and the United States Public Health Service shall be Fellows of this Association so long as they are engaged actively in their respective service, and thereafter if they have been retired on account of age or physical disability. These Fellows shall not be required to pay Fellowship dues and shall not receive **THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION** except by personal subscription.

There shall be Affiliate, Associate and Honorary Fellows, who shall be elected and shall qualify in accordance with the provisions set forth in these By-Laws.

Members, associate members and honorary members of this Association at the time of the adoption of this By-Law, shall be respectively Fellows, Associate Fellows and Honorary Fellows; and in interpreting these By-Laws, "membership" in the Association at the time of the adoption of this By-Law shall be construed as Fellowship.

SEC. 5. AFFILIATE FELLOWSHIP.—A Fellow who has been a Fellow for a continuous term of fifteen (15) years, who is not less than sixty-five (65) years of age, and who is an honorary member of his component society and of his constituent association, or is connected with these organizations in an equivalent manner whereby he is relieved from the payment of dues or fees, on request of the Council of his constituent association may be made an Affiliate

Fellow by a majority vote of the House of Delegates of this Association. Affiliate Fellows shall be privileged to participate in the Scientific Assembly of the Association; they shall not be required to pay Fellowship dues and shall not receive **THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION** except by personal subscription. Affiliate Fellowship shall be conditioned on such an Affiliate Fellow continuing the relationship with his constituent association herein defined.

SEC. 6. ASSOCIATE FELLOWS.—The following may be elected in accordance with Section 5, Chapter IV, to Associate Fellowship: Physicians who are members of the chartered national medical societies of foreign countries adjacent to the United States; dentists holding the degree of D.D.S. who are members of state or local dental societies, and pharmacists who are active members of the American Pharmaceutical Association; and representative teachers, students of science allied to medicine, resident in the United States, and not eligible to regular membership. Associate Fellows shall enjoy the same privileges as regular Fellows, and shall be subject to the same conditions.

SEC. 7.—HONORARY FELLOWS.—Physicians of foreign countries may be elected Honorary Fellows by the House of Delegates in accordance with Section 5, Chapter IV.

SEC. 8. INVITED GUESTS.—Scientists resident in the United States who are not engaged in the practice of medicine, and eminent physicians and scientists from foreign countries, may be invited by the general officers or by the officers of a section, to

attend an annual session of the Scientific Assembly and participate in the scientific work and social functions. They shall be designated as Invited Guests.

SEC. 9. TENURE OF FELLOWSHIP.—Fellowship in this Association shall continue only so long as the individual is a member. When the Secretary shall be officially informed that the Fellow is not a member, the Secretary shall remove the name of such Fellow from the Fellowship roll of the American Medical Association and shall notify the Fellow of the action taken, together with the reason therefor. Fellowship shall be further conditioned on a Fellow conducting himself in accordance with this Constitution and By-Laws, and Principles of Medical Ethics of this Association.

SEC. 10. DELINQUENCY.—Any Fellow who, for one year, has failed to pay his annual Fellowship dues, shall forfeit his Fellowship thirty days after notice from the Secretary has been mailed to his last known address.

SEC. 11. FELLOWSHIP RESTORED.—Any former Fellow who complies with Section 4, Chapter VIII, shall be reinstated on payment of his indebtedness, including his subscription for the current calendar year.

CHAPTER IX.—REGISTRATION

None but Fellows, Affiliate, Associate and Honorary Fellows and Invited Guests shall be allowed to register or take part at the Scientific Assembly of the Association.

No Fellow shall be eligible to register at an annual session until he has paid all of his current indebtedness.

No Fellow shall take part in the proceedings of the Association or of any of the sections until he has registered his name and address in the registration office.

A Fellow on registering shall designate the section in which he wishes to be enrolled, but no Fellow shall register in more than one section at any Scientific Assembly.

CHAPTER X.—GENERAL MEETING

SECTION 1. TIME OF GENERAL MEETING.—The general meeting shall be held on the evening of Tuesday of the week of the annual session, and shall be presided over by the President or, in his absence or at his request, by one of the Vice Presidents.

SEC. 2. ADDRESS AT GENERAL MEETING.—Before the general meeting, shall be delivered the address by the President, whose recommendations shall thereupon go to the House of Delegates for action.

SEC. 3. ORDER OF BUSINESS.—The order of business of the general meeting shall be as follows:

1. The calling of the meeting to order by the President or, in his absence, by one of the Vice Presidents.
2. Prayer.
3. Address of welcome and response.
4. The report of the Committee of Arrangements.
5. Introduction and installation of the President-elect.
6. The annual address of the President.
7. Adjournment.

CHAPTER XI.—SECTIONS

SECTION 1. TITLES OF SECTIONS FOR SCIENTIFIC WORK.—The Scientific Assembly of the American Medical Association shall be divided into the following sections:

1. Practice of Medicine.
2. Surgery, General and Abdominal.
3. Obstetrics, Gynecology and Abdominal Surgery.
4. Ophthalmology.
5. Laryngology, Otology and Rhinology.
6. Diseases of Children.
7. Pharmacology and Therapeutics.
8. Pathology and Physiology.
9. Stomatology.
10. Nervous and Mental Diseases.
11. Dermatology.
12. Preventive Medicine and Public Health.
13. Genito-Urinary Diseases.
14. Orthopedic Surgery.
15. Gastro-Enterology and Proctology.
16. Miscellaneous Topics.

SEC. 2. OFFICERS OF SECTIONS.—The officers of each section shall consist of a chairman, a vice chairman and a secretary and such other officers as the section shall deem advisable. These shall serve for one year, or until their successors are elected and qualified; provided, that each section may elect its secretary to serve a longer time at its discretion. Each section shall also elect annually one delegate and one alternate to the House of Delegates of the American Medical Association to serve one year.

SEC. 3. ELECTION OF OFFICERS.—The election of officers of the several sections shall be the first order

of business of the next preceding the final meeting of the section at each Scientific Assembly; provided, however, that when a section shall hold not more than two meetings at any annual session, these officers shall be elected at the final meeting. To participate in the election of any section a Fellow must have indicated on registering that he desires to affiliate with such section, and must have recorded his name and address on the section register book.

SEC. 4. DUTIES OF SECTION OFFICERS.—(a) Chairman.—The chairman shall preside at the meetings of the section and shall perform such duties as usually belong to such an office, or as may be provided by the by-laws of the section. He shall cooperate with the secretary in arranging the program, and shall see that proper arrangements are made for his section at the Scientific Assembly.

(b) Vice Chairman.—The vice chairman shall assist the chairman in the performance of his duties and shall preside in his absence, or at his request.

(c) Secretary.—The secretary shall keep a record of the proceedings of the section in a book provided for such purpose; shall, with the cooperation of the chairman, and in accordance with rules and regulations enacted by the House of Delegates, arrange the program; and shall, at least thirty days before the Scientific Assembly, forward it to the Secretary of the Association for insertion in the official program; and shall perform such other duties pertaining to his office as may be provided by the by-laws of the Association or of the section.

SEC. 5. EXECUTIVE COMMITTEE.—Each section shall have an executive committee, which shall consist of

the last three retiring chairmen. In case of absence of a member of the executive committee from a Scientific Assembly, the vacancy shall be filled by the chairman. This committee (as constituted at the close of the Scientific Assembly) shall examine and pass on all papers read before the section, and shall endorse for publication only those that are of scientific or of practical value, and which will reflect credit on the section before which they were read.

SEC. 6. MEETINGS.—Each section shall hold meetings at 9 a. m. and at 2 p. m. daily until the program is completed, or as the section may decide.

SEC. 7. WHO MAY TAKE PART IN SECTION WORK.—Fellows and Associate Fellows only shall have the right to participate in the business deliberations of a section. Fellows, Affiliate, Associate, and Honorary Fellows, and Invited Guests may present papers and take part in the scientific discussions.

SEC. 8. ASSOCIATE FELLOWS.—The officers of a section may nominate for Associate Fellowship representative teachers and students of sciences allied to medicine, resident in the United States, not eligible to regular membership. The secretary shall immediately notify the Secretary of the Association of such nominations.

SEC. 9. HONORARY FELLOWS.—Each section at each Scientific Assembly may nominate for Honorary Fellowship in the American Medical Association a physician of a foreign country who has risen to pre-eminence in the profession of medicine; provided, however, that nominations for Honorary Fellowship in the American Medical Association shall be acted on by the sections on or before the second day of

each Scientific Assembly. The secretary of the section shall immediately notify the Secretary of the Association of such nomination.

SEC. 10. TIME AT WHICH TITLES MUST BE IN.—Titles of papers to be presented to the section must be in the hands of the secretary of the section at least thirty-five days before the first day of the Scientific Assembly. With the title, the writer shall submit an abstract of the paper not less than thirty or more than one hundred and fifty words in length and an estimate of the time required to read his paper.

SEC. 11. LENGTH OF PAPERS AND DISCUSSIONS.—The time allowed for the presentation of a paper before a section shall be limited to fifteen minutes. No one shall address a section more than once on the same subject, nor for longer than five minutes, except with the unanimous consent of those present.

SEC. 12. NUMBER OF PAPERS ON PROGRAM.—The number of papers, including addresses, on the program of any section shall not exceed six in each unit assigned to the section, by the rules and regulations enacted by the House of Delegates; provided, however, that no section may list more than thirty papers on its program.

SEC. 13. CAN PRESENT ONLY ONE PAPER AT AN ANNUAL SESSION.—No Fellow shall present more than one paper at any Scientific Assembly.

SEC. 14. SECTION TO PROVIDE BY-LAWS.—Each section may make by-laws for its own government, provided that they shall in no way conflict with the Constitution and By-Laws of the American Medical Association.

CHAPTER XII.—PUBLICATION

SECTION 1. PAPERS APPROVED FOR PUBLICATION.—

No paper shall be published as having been read before a section unless it has received the approval and the endorsement of each member of the executive committee of the section before which it was read.

SEC. 2. PAPERS MUST BE READY FOR PUBLICATION.—Each author shall hand his paper to the secretary of the section immediately after it is read. The secretary shall endorse thereon that it has been read and shall hand it to the chairman of the executive committee. All papers approved by the executive committee shall be returned to the secretary of the section, who shall at once forward them to the editor of THE JOURNAL.

SEC. 3. PAPERS "READ BY TITLE."—No paper shall be published as having been read before a section unless it has actually been read, or unless, for special reasons, when the author has been present and prepared to read the paper, the section shall unanimously vote to have it read by title.

SEC. 4. PAPERS THE PROPERTY OF THE ASSOCIATION.—All papers and reports presented to a section and approved by the executive committee shall become the exclusive property of the Association, provided that the Board of Trustees may permit an author to publish his paper elsewhere than in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

MISCELLANEOUS

CHAPTER XIII.—OFFICIAL RESOLUTIONS APPROVED BY THE HOUSE OF DELEGATES

No memorial, resolution or opinion of any character whatever shall be issued in the name of the American Medical Association unless it has been approved by the House of Delegates.

CHAPTER XIV.—ANNUAL FELLOWSHIP DUES

The annual Fellowship dues shall be five dollars, payable in advance on the first day of January of each year, of which not less than four dollars shall be credited to the subscription for one year to THE JOURNAL.

CHAPTER XV.—ARTICLES OF INCORPORATION

The House of Delegates, at any annual session, wherever the same may be held, may instruct the Board of Trustees to make any changes in the articles of incorporation in accordance with the law which may appear desirable, or which may be made necessary by any change or amendment to the Constitution and By-Laws of this Association.

CHAPTER XVI.—AMENDMENT TO THESE BY-LAWS

These By-Laws may be amended on a three fourths vote of the House of Delegates, provided that no amendment shall be acted on till the day following that on which it is introduced; except that the Board of Trustees may, by unanimous vote, make such changes, and such changes only, as may be required to adapt them to the rules and regulations of the United States postal authorities.

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STANDING RULES
HOUSE OF DELEGATES
AMERICAN MEDICAL ASSOCIATION

1917

PAPERS FOR PUBLICATION

*Adopted by the House of Delegates at Boston,
June 8, 1865*

"*Resolved*, That the several sections of this Association be requested in the future to refer no papers or reports to the Board of Trustees, except such as can be fairly classed under one of the following heads: 1. Such as may contain and establish positively new facts, modes of practice or principles of real value. 2. Such as may contain the results of well devised original experimental researches. 3. Such as present so complete a review of the facts on any particular subject as to enable the writer to deduce therefrom legitimate conclusions of importance."

SOLICITATION OF VOTES

*Adopted by the House of Delegates at Saratoga
Springs, N. Y., June 13, 1902*

"*Resolved*, That it is the sense of the House of Delegates of the American Medical Association that the solicitation of votes for office is not in keeping with the dignity of the medical profession, nor in harmony with the spirit of this Association, and that such solicitation shall be considered a disqualification for election to any office in the gift of the Association."

STANDING RULES

REPORTS, RESOLUTIONS, ETC.

*Adopted by the House of Delegates at Boston,
June 7, 1906*

"*Resolved*, That in future all reports, resolutions, amendments to the Constitution and By-Laws, etc., be furnished in duplicate, one copy to be furnished the Secretary for the official minutes and the other to committeemen; and that the Secretary be instructed to engage a typewritist for the use of committeemen in making their reports."

PENSIONS OR ANNUITIES

*Adopted by the House of Delegates at Atlantic City,
N. J., June 9, 1909*

"*Resolved*, That no proposition or resolution advocating the payment of a pension or annuity to any member or former member of the Association be established by the House of Delegates without the previous consent and endorsement of the delegation of the state association of which the proposed beneficiary is or was a member."

RULES TO GOVERN THE JUDICIAL COUNCIL

*Adopted by the House of Delegates at Atlantic City,
N. J., June 4, 1912*

1. The Judicial Council shall meet during the annual session of the American Medical Association and at other times at the call of the chairman or upon the written request of three members of the Council.

2. Three members of the Judicial Council shall constitute a quorum.

3. It shall require the affirmative vote of a majority of the Council to decide any question.

4. The time and place of the meetings of the Council shall be announced in each call for a meeting, which call shall be issued at least ten days before the time of the meeting to the members of the Council and the parties to any question pending.

5. In the adjudication of all questions involving the character and status of individuals or societies, the parties implicated must be duly informed of the charges and afforded an opportunity for defense,

6. No mere hypothetical question asking for expression of opinion shall be considered by the Council, and no question of any character shall be considered until such question is referred to the Council in accordance with the rules adopted for its procedure.

METHODS OF PROCEDURE

1. In all cases in which the Council has original jurisdiction, questions must be stated in writing whenever they are submitted by action of the House of Delegates or by any of the constituent state associations.

2. In all cases in which the Council has appellate jurisdiction, action must be originated by written appeal made by the individual or organization aggrieved.

3. Documentary evidence in printed or typewritten form must be presented to the Secretary of the Council with a copy of the complaint.

4. The Judicial Council must set a time for the hearing of the cases that are referred to the Council and shall give notice to the prosecutor and to the

defendant of the time and place at which the hearing is to be held. Such notice shall be mailed to both parties to the controversy at their last known address not less than ten days before the date set for the hearing, and no hearing shall be held without this notice unless this condition be waived by both the prosecution and defense.

5. The prosecutor and the defendant, or either of them, may be represented before the Judicial Council by any member of the organized medical profession included in the American Medical Association.

6. The attendance at all hearings of cases shall be limited to the members of the Judicial Council, the secretary of the Council, the two principals and their representatives and the witnesses called in the case; provided, however, that at the request of the accused, the Judicial Council, at its discretion, may hold a public hearing. Should either party to the controversy fail to appear in person or to be represented by a member of the Association at the time and place regularly set for the hearing, the Judicial Council shall, at its discretion, continue the case, quash the indictment, or render a decision.

The Judicial Council approves the method of procedure for transferring membership from one component society to another, including the "member's transfer card," outlined by the Committee on Uniform Regulation of Membership, and recommends that these be approved by this House as the procedure for bringing before the Judicial Council questions relating to the transfer of membership from one component society to another, and for filing complaints by a member of one component society against a member of another component society.

PROCEDURE FOR TRANSFER OF COUNTY MEMBERSHIP AND
FOR FILING COMPLAINTS

1. Transfer card issued by Secretary of Transferring Society.
2. Transfer card deposited with Secretary of Receiving Society and accepted by Receiving Society.
Or transfer card deposited with Receiving Society and rejected.
3. Transfer card and application referred to Board of Censors of Receiving Society for investigation by them, according to Chapter IV, Section 2, of the Constitution and By-Laws for County Society, to report in writing reasons for rejection of applicant. Report of Board of Censors with transfer card and copy of the record to be forwarded at once to the Secretary of the Transferring Society.
4. Transferring Society sustains action of Receiving Society and orders membership of transferred member canceled.
Or Transferring Society does not sustain action of Receiving Society. In this case, the Secretary of the Transferring Society shall forward all papers in the case, with statement of its position, to the Secretary of the Council of its constituent State Society.
5. State Council after consideration (A) sustains action of Receiving Society and orders Transferring Society to cancel membership, or (B) sustains Transferring Society and refers the case for action to Council of State Society to which Receiving Society belongs.

6. State Council of Receiving Society disapproves action of County Society and orders applicant accepted.

Or State Council upholds action of County Society in rejecting application and so reports to State Council of Transferring Society.

7. State Council of Transferring Society must either (A) accept decision of State Council of Receiving Society and order County Society to cancel membership, or (B) appeal to Judicial Council of the American Medical Association.

REGARDING THE EFFECT ON MEMBERSHIP OF REMOVAL
TO ANOTHER STATE

*Adopted by the House of Delegates at Minneapolis,
Minn., June 18, 1913*

"Resolved, That nothing in Section 3, Chapter VIII of the By-Laws (Effect on Membership of Removal to Another State) shall be construed as exempting any member of the American Medical Association from compliance with the requirements of the civil laws of the state or district into which he may have removed."

THE COUNCILS AND THE HOUSE OF DELEGATES

*Adopted by the House of Delegates at Atlantic City,
N. J., June 4, 1912*

The House of Delegates extends the courtesy of the floor to the members of the various councils of the Association, and especially requests the secretaries of these councils to attend the sessions of the House, according them the privilege of the floor, in order that the House may be constantly in position

to obtain information concerning work that is being done by these councils, that this body may direct these activities.

RULES FOR THE GUIDANCE OF THE COMMITTEE ON
CREDENTIALS

*Adopted by the House of Delegates at Atlantic City,
N. J., June 6, 1912*

1. Credentials shall be of two parts. The first part shall be sent to the office of the Secretary of the American Medical Association by the secretary of the constituent association, not later than seven days prior to the first day of the first meeting of the House of Delegates, and shall be a list of delegates and alternates for that association. The constituent associations shall designate an alternate for each delegate, who may take the pledge of the delegate when authorized to do so by said delegate in writing. In the absence of such authority, any alternate who has been duly chosen by the constituent association may be seated in place of any delegate who is unable to attend, provided he presents proper official authority from said association (*as amended June 17, 1913, and June 7, 1917*).

2. Each delegate shall be furnished with a credential by the secretary of the association by which he is elected on a prescribed form furnished by the Secretary of the American Medical Association, which shall give the date and term for which he was elected and who was elected to act as alternate for him in case of his inability.

3. A delegate, on presenting himself to the Committee on Credentials, may be seated even though he

may not present part 2 of his credential, provided he is properly identified as the delegate who was elected by his association and whose name appears on the Secretary's record.

4. No alternate may be seated unless his credentials meet the same requirements as designated for the delegate and he can show written evidence that he is empowered by his delegate to act for him.

PROCEDURE IN PREFERRING CHARGES

Adopted by the House of Delegates at San Francisco, Cal., June 22, 1915

The Secretary of the American Medical Association shall file charges with the Judicial Council against Fellows of the Association when overt acts on the part of such Fellows, supported by reasonable evidence, are brought to the attention of the Secretary of the American Medical Association.

RULES FOR THE GUIDANCE OF THE COUNCIL ON SCIENTIFIC ASSEMBLY

Adopted by the House of Delegates at New York, June 7, 1917

1. The term "unit" shall signify a single meeting of a session at an annual session.

2. Not more than six numbers shall be listed on the scientific program of any one unit, and further, no section shall list more than thirty papers (the number to which a section is limited by the By-Laws of the Association) at any one annual session, distributed among all the units assigned to it.

3. The sections of the Scientific Assembly shall be limited at each annual session to the maximum number of six units.

4. Those sections to which three or a less number of units are assigned shall hold one meeting on each of the days of the annual session during which section meetings are held.

5. The Council on Scientific Assembly shall apportion the morning and afternoon units at each annual session to the several sections.

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